



MICHIGAN WIC CLIENT CENTERED SERVICES SYSTEM INTEGRATION GUIDEBOOK (CCS GUIDEBOOK)

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Michigan WIC Client Centered Services System Integration Guidebook

PURPOSE

The purpose of this guidebook is to provide Michigan WIC staff with background and guidance around the nutrition assessment questions in our data management system (MI-WIC). The client responses to these questions give staff the knowledge and insight to provide the best client-centered services to each unique client, including food package assignment, nutrition education, breastfeeding promotion and support, and relevant referrals to community supports.

First, some background on the concepts driving this guidebook.

CLIENT CENTERED SERVICES

Client Centered Services (CCS) is a framework for providing WIC services, placing the client at the center of each interaction. It focuses on clients' strengths, abilities, and needs to identify their motivation to set goals and change behaviors. Staff listen and guide the client, using their critical thinking and expertise. CCS emphasizes collaboration and partnership with clients, giving them the freedom to choose options that work for them, based on their unique needs and circumstances. The goal is to provide services in a respectful, accepting, and understanding way.

The questions on the MI-WIC screens may not feel right for every staff member, or for every client. Staff are allowed some flexibility with how they ask the nutrition assessment questions. Make adjustments if something does not feel right. Experiment with phrasing questions and find what works best for you. Being client-centered is about being kind, and while the questions have been reworked with that in mind, there is always room for improvement and new ideas.

Michigan WIC has spent several years hosting and developing trainings to ensure staff provide WIC services using the most client-centered approach. We have many resources available at [Michigan WIC Client Centered Services](#).

WIC NUTRITION ASSESSMENT

Capturing a complete nutrition assessment is the foundation of WIC services. The information gathered during the assessment is used to create a unique and individualized nutrition plan for the client. The purpose of doing a nutrition assessment is to:

- Assess a client's nutrition status, strengths, interests, questions, needs, concerns, and risk.
- Design appropriate nutrition education and breastfeeding promotion and support to address a client's interests, questions, needs, and concerns.
- Tailor the food package to address nutrition needs.
- Make appropriate referrals.

A WIC nutrition assessment uses a CCS approach, which includes the concept of a Value Enhanced Nutrition Assessment (VENA), putting the client's needs and improved health outcomes at the core of WIC nutrition services. CCS focuses on clients from the moment they walk in the door or call to schedule

an appointment until they graduate from the program, whereas VENA is specific to the nutrition assessment. A WIC nutrition assessment using VENA principles collects and evaluates information elicited from the client, while at the same time, allows staff to engage the client in dialogue about their needs and goals around a healthy behavior.

Sometimes staff must ask sensitive questions, for example, regarding poor pregnancy outcomes or weight. Sensitive topics often bring up a wide range of emotions, including embarrassment, fear of being judged, shame, or guilt. Staff work with clients during pregnancy and postpartum, when feelings and emotions fluctuate greatly; these strong emotions may show up during appointments. By acknowledging this, staff can better prepare, notice emotions, and offer a listening and supportive ear. It is important to be transparent and share why these questions are included in the nutrition assessment, yet of course respect a client's decision to not talk about something. Letting clients know you care can be very comforting. In addition to being supportive and empathetic, providing appropriate referrals to other health care providers and community resources is essential for the client to get the services they need. For more insight on how to gain confidence and comfort in asking questions, please refer to the webcast, [Approaching Sensitive Issues in WIC Nutrition Counseling](#).

NUTRITION RISK CRITERIA

Risk assessment is a required element of WIC eligibility. This unique feature of the WIC Program requires the Competent Professional Authority (CPA) to assess each client's health and nutrition status, including eating and/or feeding practices, to determine eligibility. The nutrition risks used in the Michigan WIC Program come from a standardized federal list of nutrition risk factors developed by USDA and used nationwide. The National Academies of Science, Engineering, and Medicine (NASEM) created this comprehensive list of risk factors based on their ability to impact the health and nutrition of our clients.

Nutrition risk criteria (NRC) are used to identify a risk which may predispose a person to inadequate health and nutrition patterns and nutrition-related medical conditions. Each unique risk criterion is specifically defined per client category and identified with a specific numeric code. NRC related to an applicant's past or current medical history and lifestyle are identified during the WIC Nutrition Assessment.

WIC Nutrition Risk Criteria are:

- Based on sound science. The risks are reviewed every year, compared to current research, and updated as needed.
- Practical for WIC clinic application. Staff do not have to perform complicated or expensive tests to determine if a risk applies.
- Nutrition-related. Each risk has been shown to have an impact on health and nutrition.
- Conditions which can be impacted (improved, controlled, or eliminated) by the person's participation in WIC, either because of WIC foods, nutrition education, or referrals.

Risks are grouped into categories as follows:

- Anthropometric data: 100 series risks
- Biochemical/hematological data: 200 series risk
- Clinical/health/medical data: 300 series risks
- Dietary assessment: 400 series risks
- Everything else: 500-900 series risks

Michigan WIC Policies 2.13A, Michigan Nutrition Risk Criteria and 2.13B, Michigan Nutrition High Risk Conditions by Category, define our NRC. Risk codes followed by the plus (+) sign are state-designated nutrition high risk codes. Each risk code's detailed justification and implications for WIC nutrition services can

be found in the Michigan WIC Risk Help document, which is adapted from USDA Risk Help and available through MI-WIC. Much of the information included in this guidebook comes directly from Risk Help.

Please note NRC are used for **screening purposes** for possible risks. WIC staff do not diagnose any conditions. A medical provider must make a diagnosis of any medical condition. A CPA or RD/RDN does not need to see medical documentation of the condition. A client can “self-report” the diagnosis. Self-reporting a diagnosis is different than self-diagnosis.

- Self-reporting a diagnosis – client reports they have a medical condition diagnosed by a health care provider. Client might say something like, “My doctor says I have...”
 - Staff do not need to check if the diagnosis was based on the same or similar values as WIC’s risk criteria (for example when a doctor diagnoses anemia or failure to thrive), as the doctor’s diagnostic criteria may differ from WIC.
- Self-diagnosis – client says they have a medical condition, but it has not been diagnosed by a medical provider. Staff should NOT select a nutrition risk factor based on a person’s self-diagnosis of a medical condition. Questions to ask when staff are not sure there is a health care provider’s diagnosis:
 - Do you see a doctor for this condition?
 - Did a doctor diagnose this condition?
 - Do you take medication or follow a special diet for this condition?

This concept of self-reporting versus self-diagnosing is further explained in [Policy 2.13, Nutrition Risk Determination](#).

THE PREGNANCY NUTRITION SURVEILLANCE SYSTEM AND PEDIATRIC NUTRITION SURVEILLANCE SYSTEM

The Pregnancy Nutrition Surveillance System (PNSS) and the Pediatric Nutrition Surveillance System (PedNSS) are public health surveillance systems that provide insight into participants enrolled in federally funded maternal and child health and nutrition programs, including Michigan WIC. The reports generated allow us to track the prevalence of several demographic, maternal, infant, child and behavioral indicators that help determine health outcomes for the population we serve. These were originally administered by the Centers for Disease Control and Prevention (CDC) and are now funded by USDA/FNS as a multi-state project. Michigan WIC is a leader in providing technical support and collaborating with States to administer the reports.

In Michigan, data is collected for PNSS and PedNSS as part of the intake, nutrition assessment, and certification process. Self-reported information is collected and verified by a CPA or RD/RDN. Data is extracted, analyzed, and compiled into reports by our state Data, System, and Management team. These reports play an important role in program assessment and management. They are a great resource to plan and develop program outreach initiatives to better serve clients and impact health outcomes. Several states contribute data, providing a comparison and giving more context to the WIC population.

In addition, the Michigan WIC program has developed several surveillance trends reports, briefs, and publications specific to our state and local WIC agencies. Current reports are available at [PNSS & PedNSS \(michigan.gov\)](#).

NUTRITION EDUCATION

One of the core benefits of the WIC Program is the provision of nutrition education. The information gathered during the nutrition assessment helps identify the client's nutrition-related needs and concerns to prioritize topics for the nutrition education discussion. CPAs honor the client's autonomy, recognizing the decision whether to explore potential topics and behavior change rests with the client.

The data system has many nutrition education topic options, and responses to some nutrition assessment questions may trigger a nutrition education topic to be emboldened as a suggestion that may be relevant to the client. Once a topic is discussed, it is important to use messages that engage the participant in setting individual, simple and attainable goals and provide clear and relevant "how to" actions to accomplish those goals.

REFERRALS

One of the many benefits of the WIC Program is the ability to provide clients with referrals to helpful community supports, including health care providers and/or community programs. The data system has numerous referrals included, and responses to some of the nutrition assessment questions may trigger a referral to be emboldened to remind staff to offer this referral, as it may be helpful to the client.

FOOD PACKAGE ASSIGNMENT

Client's responses to the nutrition assessment questions help determine food package assignment. The CPA or RD/RDN will determine which food package is most appropriate for the individual client. MI-WIC offers all standard and alternative food package options. Some clients may need a customized food package modified to meet specific nutrition needs around food and/or formula. For example, if a client is allergic to a WIC food group, that food group should be substituted or removed from the client's food package. Refer to Policy 7.01, Food Package Determination and Customization, for more information.

Food packages for breastfeeding clients will vary depending upon pregnancy and breastfeeding status. Please see the [Breastfeeding for WIC Staff webpage](#) for specific guidance.

ALL CLIENTS: Family Health

The questions on the Family Health screen apply to all members of the family. Any risk codes noted will apply to every WIC client category. The Family Health screen prevents staff from asking these questions multiple times during an appointment to every family member; the responses here will auto-populate each family member's record. However, it is expected if circumstances change in the future, staff will update the Family Health screen to reflect those changes.

1. Are you or your children regularly exposed to secondhand smoke? If yes, who?

This question is associated with Risk Code 904.01, Environmental Tobacco Smoke Exposure, and responses are collected for PNSS and PedNSS data. PNSS/PedNSS data is self-reported by WIC clients and compiled into annual reports showing trends.

Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside enclosed areas, including home, childcare, car, etc., and includes exposure to the aerosol from electronic nicotine delivery systems (e.g., vapes, vaporizers, vape pens, hookah pens, electronic cigarettes, and e-pipes). It is also known as passive, secondhand, or involuntary smoke. People exposed to second-hand smoke are more likely to have upper respiratory infections and are at greater risk of developing lung diseases and cancer. Prenatal or postnatal secondhand smoke exposure is related to the following numerous health problems among infants and children:

- smaller head size
- upper respiratory infections
- periodontal disease
- metabolic syndrome
- lower birth weight
- decreased cognitive function
- increased severity of asthma/wheezing
- sudden infant death syndrome (SIDS)

2. Does your family regularly visit a dentist? If yes, who?

There is no system-assigned risk code associated with this question. The purpose of this question is to assess if the family has established a dental home. If no is selected, a dental referral is prompted.

3. In the last 6 months, has anyone in the family entered foster care or changed foster homes? If yes, who?

This question is associated with Risk Code 903.01, Foster Care, and is assigned if the client has entered or moved from homes within the foster care system during the previous six months. This risk code is not applicable if the foster child has not entered a new family or moved homes in greater than 6 months.

4. Is the water in your home safe for drinking and food preparation? [Options: Yes, No, but it is safe if I flush/filter, No, but I get my water from a different source, No, but I use it anyway, Unknown]

There is no system-assigned risk code associated with this question though of high importance in Michigan because of recent water emergencies. The purpose of this question is to assess if the family has a safe water source for drinking and food preparation. If "No – but I use it anyway" or "Unknown" are selected, the system will encourage a family referral to "Environmental Health".

Staff play a role in identifying and addressing environmental factors which could impact the health or safety of clients. We encourage staff to know their community referrals, including available environmental health resources and places to receive filters or bottled water.

While this question is not associated with a system-assigned risk code, there is a specific risk code related to using unsafe water for formula preparation (411.09) in the Infant Feeding screens. If there is a formula feeding infant in this family, staff must assess for the water they use for formula preparation. Safe water is essential to formula preparation. There may be contaminants in the water, such as lead, copper, or PFAS, which may lead to GI distress and/or developmental delays. A referral to environmental health resources is important if the client states they do not have a safe water source. It is also important to provide information on prevention, treatment and/or how to minimize exposure.

ALL CLIENTS: Family Health

5. Do you or your child's caregiver have any condition that would affect their ability to make feeding decisions or prepare food?

This question is associated with Risk Code 902.01, Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food.

A primary caregiver's ability to make appropriate feeding decisions and prepare suitable food is crucial for the health and nutrition of infants and young children. Infants and children depend entirely on caregivers for food, as well as to learn what, when, and how to eat. A responsive feeding relationship, in which caregivers recognize infant/child cues and respond appropriately in a warm and nurturing environment, is critical for supporting healthy dietary habits, food preferences, and weight outcomes in children. Similarly, a pregnant or postpartum client's ability to choose and prepare suitable foods for themselves is vital for their own nutrition status and wellbeing. It is important for staff to educate the client or caregiver in easily understandable and individualized manner to meet the needs of the unique client or caregiver. Several situations which might impair the feeding abilities of a caregiver have been identified below as potential nutrition risks for infants and children.

- Alcohol or substance abuse/misuse
- Mental illness
- Intellectual disability
- Physical disability
- ≤ 17 years of age (this applies only to infants and children and will auto-assign this risk based on authorized person's date of birth)

6. Are you ever worried about not having enough food to feed your family?

There is no system-assigned risk code associated with this question. The purpose of this question is to determine if the family could benefit from a referral for additional food assistance; if yes is selected, a referral will be encouraged. Staff should refer clients to the Supplemental Nutrition Assistance Program (SNAP) and other local food assistance resources in their area (i.e., food pantry). Frequently being without food or having very little food could result in too few essential nutrients and/or calories.

7. Do you have any concerns about the safety of you and your children? [Options: No, Yes, concerned and actively the recipient of abuse, Yes, concerned but not the recipient of abuse, Unknown/Refused]

This question is associated with Risk Code 901.01, Recipient of Abuse, which will be assigned if "Yes, concerned and actively the recipient of abuse" is selected. This risk applies to all categories and is defined as an individual who has experienced physical, sexual, emotional, economic, or psychological maltreatment that may frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, and/or wound the individual. Types of abuse include, but are not limited to, domestic violence, intimate partner violence (IPV), and child abuse and/or neglect.

Women who experience abuse are at greater risk of adverse health conditions including chronic pain, cardiovascular problems, gastrointestinal disorders, and neurological problems, and are more likely to partake in risky health behaviors. Women who experience abuse during pregnancy may also suffer mental health conditions. Experiencing IPV during pregnancy can put the infant at higher risk of low birth weight, preterm birth, or being born small for gestational age. It can also increase the likelihood of spontaneous abortion, fetal loss, and neonatal death as well as decreased breastfeeding initiation and early cessation. Children who are abused often have moderate to severe malnutrition due to having food withheld, which may lead to a compromised nutrition state and failure to thrive. Refer to Risk Help for more information.

Refer to Policy 6.06, Reporting of Suspected Child Abuse, for reporting requirements. When staff who are mandated reporters see signs of suspected abuse or neglect, they are obligated by law to make a referral to Children's Protective Services (CPS) at 855-444-3911. If a client has indicated they are concerned about their safety and/or actively being abused, or if staff suspect or observe abuse or neglect, staff shall follow their local agency policy, consult with their supervisor and, if indicated, alert local authorities. Staff may provide or search this MDHHS link to [find a referral organization in their area](#) or help the client to call 911 or the U.S. National Domestic Violence Hotline at 1-800-799-7233 and TTY 1-800-787-3224.

PREGNANT CLIENT: Health/Pregnancy

1. How many times have you been pregnant (including this pregnancy)?

This information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends.

2. How many times have you been pregnant for 20 or more weeks (not including this pregnancy)?

This information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends for our target population.

3. How many live births have you had (not including this pregnancy)?

This information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends.

4. When did your last pregnancy end (month/year)?

This information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends. This question is also associated with Risk Code 332.01, Short Interpregnancy Interval. The system will calculate and assign this risk if the time between pregnancies is less than 18 months. Short interpregnancy intervals are associated with increased risk for adverse outcomes such as maternal complications, preterm birth, low birth weight, small for gestational age, birth defects, and autism.

5. Tell me about any pregnancy related concerns you have had with your past pregnancies:

Note: Pregnant clients who have had problems in past pregnancies have a greater chance of having these problems happen again in their current pregnancy. See implications for WIC Nutrition Services in Risk Help for more information.

Risk Code	Answer Options	Justification
303.01	History of GDM (Gestational Diabetes Mellitus)	Clients with a history of GDM are at risk to develop GDM in a later pregnancy.
310.01 +	Preterm delivery (< 37 weeks)	Clients who have had preterm delivery are at risk for having spontaneous preterm delivery in future pregnancies.
310.02	Early term delivery (37 to < 39 weeks)	The fetus's lungs, brain, and liver develop significantly during gestation weeks 37-39. A client with an early term delivery is more likely to experience postpartum depression.
312.01 +	Infant 5 lbs., 8 oz or less	A client with a history of delivering babies with low birth weight is at risk for delivering future low birth weight babies.
321.01	Infant death after 5 months of PG	History of neonatal deaths increases the risk of future babies with low birth weight, small for gestational age, and other poor fetal outcomes including neural tube defects.
304.01	History of Preeclampsia	Preeclampsia is pregnancy-induced hypertension (>140mm Hg systolic or 90mm Hg diastolic). Clients who have had preeclampsia previously are at a higher risk of recurrence.
321.01	Infant death before 1 month	History of fetal deaths increases the risk of future babies with low birth weight, small for gestational age, premature rupture of membranes, and other poor fetal outcomes including neural tube defects.
321.01	Miscarriage {2 or more}	Miscarriage may be influenced by hyperthyroidism, listeria exposure, continual gluten exposure for those with celiac disease, alcohol consumption, and some herbal supplements.

PREGNANT CLIENT: Health/Pregnancy

Risk Code	Answer Options	Justification
339.01	Congenital/birth defect	Some congenital or birth defects are linked to inappropriate nutrient intake such as inadequate zinc (low birth weight), excessive vitamin A (cleft palate or lip), and folic acid (neural tube defect). Neural tube defects are a higher risk for pregnancies with a personal or family history of defect.
337.01	Infant 9 lbs. or more	Clients with a history of delivering a baby greater than 9lbs are at an increased risk for giving birth to another large for gestational age infant and other pregnancy, fetal, and neonatal complications.
-	Postpartum Depression	This is not associated with a risk assignment. If this option is selected, "Mental Health Services" referral emboldened on the Referral screen.
-	Other	This is not associated with a risk assignment. Staff can document other pregnancy-related concerns not listed.
-	None apply	Selected if none apply.

Current Pregnancy:

6. How many months pregnant were you when you had your first prenatal care visit with a medical provider?

This information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends for our target population. This question is also associated with Risk Code 334.01, Lack of or Inadequate Prenatal Care, and assigns if care was not initiated before 4 months. The earlier a client starts prenatal care, the better for them and their unborn baby. Refer them to a medical provider as needed.

Note: This date is the first time a client saw a health care professional regarding their pregnancy. It is not the date of a pregnancy test unless it was during a medical appointment.

7. How many prenatal care visits have you had with your medical provider?

Similar to the previous question, this information is collected for PNSS data and is associated with Risk Code 334.01, Lack of or Inadequate Prenatal Care. This risk is automatically calculated by the system and assigned if, after the first trimester, a pregnant client has not seen their prenatal care provider according to the grid below.

Weeks Gestation	Number of Prenatal Visits
14-21	0 or unknown
22-29	1 or less
30-31	2 or less
32-33	3 or less
34 or more	4 or less

PREGNANT CLIENT: Health/Pregnancy

8. Have you ever been offered a screening for HIV?

There is no system-assigned risk code associated with this question. The purpose of this question is to assess if the client has had a HIV screening. If no is selected, HIV Testing/Counseling referral is prompted.

9. Tell me about any pregnancy related concerns you have with your current pregnancy.

Risk Code	Answer Options	Justification
131.01 +	Weight loss	Some weight loss is expected during the 1 st trimester, however, maternal weight gain during the 2 nd and 3 rd trimesters is important for fetal growth and development. Low maternal weight gain and/or weight loss during pregnancy can result in preterm birth, small for gestational age (SGA) infants, stillbirth, and neonatal death. Consider client's gestation and pre-pregnancy weight when checking this option. This risk is also system assigned by the prenatal growth chart.
-	Nausea & Vomiting	Nausea and vomiting are common early in gestation; some vomiting is reported in 50-80% of pregnancies.
301.01 +	Persistent and Severe Nausea and Vomiting	Severe nausea and vomiting may lead to a diagnosis of hyperemesis gravidarum (HG). Clients with HG are at risk of weight loss, dehydration, ketonuria, and electrolyte imbalances such as hypokalemia. HG affects ~0.3-3.0% of pregnancies and may lead to adverse fetal consequences, hospitalization, an increased risk of giving birth to low birth weight, SGA, and preterm infants. Infants born to a parent with HG have increased risk of colic, irritability, and growth restrictions. Some studies indicate there is an increased risk of psychological disorders and reduced insulin sensitivity for infants born to a parent with HG.
302.01 +	Gestational Diabetes Mellitus (GDM)	GDM is associated with a higher incidence of pregnancy complications, including both for client and infant. Also included in this classification are clients who may have had undiagnosed diabetes prior to pregnancy and then are first diagnosed during pregnancy.
335.01	Twins or more	Multi-fetal gestations are associated with low birth weight, fetal growth restriction, placental and cord abnormalities, preeclampsia, anemia, shorter gestation, and an increased risk of infant mortality. The risk of pregnancy complications is greater in clients carrying twins and increases markedly as the number of fetuses increases.
336.01 +	Fetal Growth Restriction (FGR)	FGR usually leads to low birth weight which is the strongest possible indicator of perinatal mortality risk. FGR is associated with several growth and development conditions throughout their life; refer to Risk Help Justification for more information. WIC's emphasis on preventive strategies to combat smoking, improve nutrition, and increase birth interval, may provide the guidance needed to improve fetal growth.

PREGNANT CLIENT: Health/Pregnancy

Risk Code	Answer Options	Justification
345.01	High blood pressure due to PG	Hypertension is the most common medical complication of pregnancy, occurring in 7% of all pregnancies. Hypertension, commonly referred to as high blood pressure (HBP), is persistently high arterial blood pressure with systolic blood pressure >140 mmHg or diastolic blood pressure >90 mmHg. Hypertension during pregnancy may lead to low birth weight, FGR, and preterm delivery, as well as pregnancy-related morbidity. Promoting optimal nutrition (calcium and vitamin D) and physical activity can help decrease HBP. Special consideration must be given to lactating clients with HBP, especially if their care plan includes medication. This risk includes diagnosed chronic hypertension and pre-hypertension.
-	Other	This is not associated with a risk assignment. Staff can document other pregnancy-related concerns not listed.
-	None apply	Selected if none apply.

PREGNANT CLIENT: Health/Medical

1. Do you currently have any medical conditions?

The medical conditions pop-up includes all 300-series Michigan risk codes. See Policy 2.13A, Nutrition Risk Criteria or [Medical Conditions and Illnesses](#) for the complete list.

Relevant risk codes will be assigned for any selected current and diagnosed medical conditions.

Some of the conditions listed may not have specific dietary recommendations but, in all cases, good nutrition is important to overall health, growth and well-being.

Note: Please refer to the previous section called 'Nutrition Risk Criteria' for review on self-reporting versus self-diagnosing.

2. What, if any, prescription medications do you take?

While there is no system-assigned risk associated with this question, it may be important to know what medications a client is taking. This is a good opportunity to document for the client's continuity of care. This can lead to a good discussion on a client's medical condition or possible underlying substance use/abuse.

3. Do any of these medications impact your nutrition (upset stomach, poor taste, affect appetite)?

This question is associated with Risk Code 357.01 +, Drug Nutrient Interaction. This risk will assign if the client takes prescription or over-the-counter drugs or medications impacting nutrition status.

Use of some prescription or over-the-counter medications may have side effects interfering with nutrient intake or utilization and cause nutrition status to be compromised. Drug induced nutrient deficiencies develop slowly over time and occur most often in long-term drug treatment or disease.

For a comprehensive list of food and medication interactions, staff can reference resources such as the *Physician's Desk Reference* or the most current *Food Medication Interactions* guide. Additional information on medications can also be found online at: <https://medlineplus.gov/druginformation.html>.

Due to safety concerns for the unborn baby, a client should always consult with their health care provider before taking medication during pregnancy.

4. Do you have any problems with your teeth or gums?

Oral health reflects and influences general health and well-being. Good oral health care and nutrition are often overlooked factors in the growth and development of the teeth and oral cavity.

This question is associated with Risk Code 381.01, Dental Problems. This specific risk includes diagnosis by a physician OR adequate documentation by a CPA of tooth decay, periodontal disease, tooth loss and/or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality. During pregnancy specifically, this also includes pregnancy gingivitis. If a dental problem causes a client to change what or how they eat, this can impact their nutrition. Periodontal disease and cavities may impact pregnancy outcome, and the child's risk of developing future cavities. Dental disease is a risk factor for pre-term low birth weight. It may also increase a client's risk of atherosclerosis, rheumatoid arthritis, and diabetes.

Similarly, tooth decay and other dental problems may indicate poor eating and/or liquid habits (especially sweet beverages). By providing nutrition counseling, loss of teeth, permanent damage to teeth, and possible speech problems can be prevented. Counseling may include recommendations for the client to eat healthy foods/liquids, avoid excessive snacking, brush twice a day, and floss daily. Staff can provide a referral if the client/family does not have a dental care provider/dental home.

PREGNANT CLIENT: Health/Medical

5. **In the month before this pregnancy, how many times a week did you take a multivitamin? [Options: Less than 1 per week, 1-3 per week, 4 or more per week, None, Unknown/Refused]**

This information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends for our target population. See the next question's response for more information about appropriate vitamin/mineral intake.

6. **In the last month, have you taken a prenatal or multivitamin?**

This information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends. This question is associated with Risk Code 427.04, Vitamin/Mineral Supplementation and is assigned if the client is not routinely taking a prenatal or multivitamin containing adequate iron, folic acid, and iodine. Most prenatal and multivitamins contain many essential vitamins and minerals for which diet alone cannot meet nutrient requirements; the three currently identified by USDA as the most important are iron, folic acid, and iodine. The levels USDA uses to assign this risk are referenced below:

- Pregnant clients taking less than 27 mg of supplemental iron daily.
- Non-pregnant clients consuming less than 400 mcg of folic acid (synthetic) from fortified foods and/or supplements daily.
- Pregnant and lactating clients consuming less than 150 mcg of supplemental iodine per day.

7. **Other than your prenatal/multivitamin and what has been prescribed by your doctor, are you taking any other vitamins/minerals, herbal supplements, or teas?**

This question is associated with Risk Code 427.01, Inappropriate or Excessive Intake of Dietary Supplements and is assigned if a client is routinely taking inappropriate or excessive amounts of any dietary supplements not prescribed by a physician with potentially harmful consequences. Again, if staff have any questions about what is considered appropriate, please refer to the examples below and/or check with a RD.

Harmful dietary supplements with potentially harmful consequences may include, but are not limited to, ingestion of unprescribed or excessive or toxic:

- Herbal remedies or botanical supplements/ remedies/ teas. If a client uses any teas, herbs, or home remedies, encourage them to discuss this with their doctor to ensure they are safe for them and their baby. Some botanical (including herbal) teas may be safe; however, others have undesirable effects during pregnancy and breastfeeding. Herbal supplements such as, blue cohosh and pennyroyal stimulate uterine contractions, which may increase the risk of miscarriage or premature labor.
- Multi- or single vitamin or mineral supplements. Taking mega-doses of some fat-soluble vitamins is not recommended, as this may be harmful to both the parent and the baby. For example, very high levels of vitamin A can cause birth defects. Reinforce to clients they should only take vitamin and mineral supplements their health care provider recommends.

PREGNANT CLIENT: Health/Medical

8. In the past year, have you used any products containing nicotine, tobacco, marijuana, or any other drugs?
[If a client responds no/unknown/refused to this overarching smoking and drug question, the subsequent sub-questions will automatically populate as “No” or “Unknown/Refused”.]

This information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends for our target population.

This question is also associated with Risk Codes 371.01, Nicotine and Tobacco Use, 372.01, Alcohol and Substance Use/Abuse, and 902.01, Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Appropriate Feeding Decisions and/or Prepare Food. These questions are important as smoking during pregnancy increases the chance of health problems and pregnancy complications. Some of the possible risks are:

- Preterm birth.
- Low birth weight.
- Stillbirth.
- Infant death.
- Sudden Infant Death Syndrome (SIDS).

Clients who smoke are at risk for diseases such as cancer, cardiovascular disease, and chronic obstructive pulmonary disease. Additionally, smoking exposes infants and children to environmental tobacco smoke (ETS). Vitamin C requirements are higher for clients who smoke; the WIC food package provides several good sources. Clients may also benefit from counseling and referrals to smoking cessation programs. WIC staff are required to provide all clients with information related to the dangers of smoking, alcohol, and drugs. Please be familiar with your community resources and maintain updated referral information for your clients.

3 months before pregnancy:

There is no system-assigned risk code associated with this question; rather, this information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends for our target population.

- Smoked Cigarettes? If yes, how many on an average day?
- Used any other forms of nicotine or tobacco?
- Used Marijuana in any form (smoke, vape, edibles, oils)?
- Used any illegal substance?
- Used prescription medications in a way that wasn't prescribed or that weren't prescribed to you?

Current:

- Smoked Cigarettes? If yes, how many on an average day?** This question assigns Risk Code 371.01, Nicotine and Tobacco Use. This question is asked separate from other forms of nicotine and tobacco specifically for PNSS reporting.
- Used any other forms of nicotine or tobacco?** This question also assigns Risk Code 371.01, Nicotine and Tobacco Use, and includes the use of any product which contains nicotine and/or tobacco including but not limited to pipes, cigars, electronic nicotine delivery systems (e.g., e-cigarettes, vaping devices), hookahs, smokeless tobacco (e.g., chewing tobacco, snuff, dissolvable), or nicotine replacement therapies (e.g., gums, patches). Vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs), and e-pipes are some of the many terms used to describe electronic nicotine delivery systems (ENDS). The ENDS market continues to innovate new products, so research is limited. Quite often, ENDS users believe using these devices is less harmful than smoking a cigarette; there is no evidence to support this. An individual's level of exposure to nicotine depends on the amount of nicotine in the ENDS product, as well as on product characteristics, device operation, and the user's inhalation pattern. Exhaled ENDS vapor has been shown to contain chemicals that can cause cancer, harm a fetus, and are a source of indoor air pollution. Staff should explore if a client is open to information on this topic, especially around cessation, and provide resources.

PREGNANT CLIENT: Health/Medical

- c. **Used Marijuana in any form (smoke, vape, edibles, oils)?** This question is associated with Risk Code 372.01, Alcohol and Substance Use and 902.01, Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food. Although marijuana is a legal substance in Michigan, the side effects of tetrahydrocannabinol (THC) may harm the baby and can impair a client's ability to choose and prepare suitable foods.
- d. **Used any illegal substance?** This question is associated with Risk Code 372.01, Alcohol and Substance Use and 902.01, Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food. Clients who use cocaine or other illegal drugs (heroin, methamphetamines, etc.) are at risk for stillbirth, miscarriage, low birth weight baby, birth defects, preterm delivery, and neonatal abstinence syndrome. Substance use can also impair a client's ability to choose and prepare suitable foods.
- e. **Used prescription medications in a way that wasn't prescribed or that weren't prescribed to you?** This question is associated with Risk Code 372.01, Alcohol and Substance Use and 902.01, Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food. Clients who abuse prescription medications (opioids, morphine, codeine, etc.) in a way not prescribed to them are at risk for stillbirth, neonatal abstinence syndrome, and low birth weight. Misuse of prescription medications can also impair a client's ability to choose and prepare suitable foods.

9. In the 3 months before you got pregnant, did you drink alcohol? If yes, how much in an average week? [Options: Less than 1 per week, 1-2 per week, 3-5 per week, 6 or more per week, Drank, but quantity unknown]

There is no system-assigned risk code associated with this question; rather, this information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends for our target population.

It is recommended to stop drinking alcohol three months prior to becoming pregnant because alcohol can affect a baby's development.

10. During this pregnancy, have you had any alcohol?

This information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends in the targeted population.

This question is also associated with Risk Code 372.01, Alcohol and Substance Use, and is assigned if client responds 'yes.' Alcohol passes quickly to the unborn baby during pregnancy. This can result in low birth weight, slower growth rate, birth defects, and intellectual and developmental delays. The exact number of alcoholic beverages one may consume without risk to the unborn baby is not known, though it is recommended to not drink at all during pregnancy. WIC staff are required to provide all clients with information related to the dangers of smoking, alcohol, and drugs. Please be familiar with your community resources and maintain updated referral information for your clients.

11. In the last week, have you felt down, depressed, or hopeless, or had little interest or pleasure in doing things? [Options: Never, Sometimes (1-3 times), More than half the time, Everyday]

There is no system-assigned risk code associated with this question. Staff could manually assign Risk Code 361.01 +, Depression, if a client self-reports they have depression which has been diagnosed by a doctor. If 'Sometimes (1-3 times)', 'More than half the time' or 'Everyday' is selected, the "Mental Health Services" referral will be emboldened on the Referral screen. Please be familiar with resources to provide clients, especially local resources.

PREGNANT CLIENT: Nutrition History

1. What, if any, diagnosed food allergies do you have?

This question is associated with Risk Code 353.01 +, Food Allergies, and applies if there is a diagnosed adverse immune response to a food or a hypersensitivity causing adverse immunologic reaction. This applies when the diagnosed food intolerances or allergies require major dietary modification to provide optimal nutrition.

2. Are there other foods you avoid or allergies you suspect?

There is no system-assigned risk associated with this question. This question is used to capture any food intolerances not diagnosed by a medical provider and may not adversely affect the client's nutrition status.

3. What, if any, special diet do you follow? [Options: Vegetarian diet, Vegan diet, Low carb/high protein diet, Low calorie/weight loss diet, Bariatric surgery, Diabetic, Gluten Free, Other, None Apply]

This question is associated with Risk Code 427.02 +, Highly Restrictive Diets, which include:

- Diet very low in calories including impaired absorption following bariatric surgery.
- Severely limited intake of important food sources of nutrients.
- Strict vegan diet.

Highly restrictive diets may lead to nutrient deficiencies, especially during pregnancy. Pregnant clients who restrict their diets may increase the risk of birth defects, suboptimal fetal development, and chronic health problems. The options, 'vegetarian diet', 'low carb/high protein diet', 'diabetic', and 'gluten free' do not assign a risk code. However, they are common diets impacting what the client is consuming and may be important for continuity of care. If 'Bariatric surgery' is selected, the system will also assign Risk Code 342.10, Post-bariatric surgery. It is assumed that an individual who follows this diet has had bariatric surgery is at risk for nutrient deficiencies due to impaired caloric intake and malabsorption of essential nutrients.

4. Do you eat any non-food items?

This question is associated with Risk Code 427.03, Routine Ingestion of Non-Food Items – Pica.

Some clients, especially during pregnancy, crave non-food items (such as ashes, baking soda, carpet fibers, cigarettes or cigarette butts, chalk, clay or dirt, dust, coffee grounds, foam, rubber, excessive ice, paint chips, soil, starches including laundry and cornstarch, or wood). This is called pica. Pica is possibly linked to lead poisoning, anemia, excess or inadequate calorie intake, stomach problems, or parasitic infection. Lead is toxic and particularly harmful for developing nervous systems. Lead can be passed through a pregnant client's placenta to the fetus. Any client who reports pica should be referred to their doctor for follow-up.

5. What, if any, unpasteurized drinks, deli meats, or other raw, rare, or undercooked foods do you eat? [Options: Unpasteurized juice/milk, Soft cheese, Raw/undercooked meat/fish/poultry/eggs, Raw sprouts, Refrigerated pâté/meat spread, Hot dog/deli meats not steaming, None apply]

This question is associated with Risk Code 427.05, Consuming Potential Unsafe Foods. Pregnant clients are especially at risk for food-borne illness. Listeriosis during pregnancy can result in preterm delivery, miscarriage, fetal death, and severe illness or death of a newborn from the infection. Listeriosis can be transmitted to the fetus through the placenta even if the client is not showing signs of illness.

6. How would you describe your appetite? [Options: Good, Fair, Poor]

There is no system-assigned risk code associated with this question. This is to assess if the client is eating a healthy variety of foods or limiting one or more entire food groups. This question may provide insight into the client's willingness to eat and may vary based on the gestational period of the pregnancy.

PREGNANT CLIENT: Nutrition History

7. Tell me about the foods you eat on most days. [Options: Fruits, Vegetables, Whole Grains, Dairy, Protein, Sweet/Salty Snacks, Fast Food/Restaurants, Michigan Fish]

There is no system-assigned risk code associated with this question. This question is designed to see if major food groups are missing from the client's diet, and as a springboard for further discussion about healthy eating habits.

Michigan Fish is included here as an opportunity to educate on consuming safe fish, if applicable to the client/family. Polychlorinated biphenyls (PCBs), dioxins, and mercury are the most common chemicals found in Michigan fish. Following the 3Cs of eating safe fish (Choose, Clean, Cook) allows clients to get the health benefits of fish, such as low-fat protein and omega 3s, at very little risk. Refer to www.michigan.gov/eatsafefish for more information.

8. What do you drink on most days? [Options: Water, Soy Beverage, Other Milk Alternative (almond, oat, etc.), 100% Juice, Coffee/Tea, Cow's Milk (Skim, ½%, 1%, 2%, Whole), Pop, Diet Pop, Fruit/Sports Drinks, Caffeinated/Energy Drinks, Other]

There is no system-assigned risk code associated with this question. This question assesses usual drink intake and prompts discussion about improving choices as needed. This also helps to assess if the client is lactose intolerant, allergic to milk, or drinking inappropriate beverages (sweetened beverages, excessive juice, raw milk, etc.). If the client is drinking inappropriate beverages, such as raw milk or unpasteurized juice, staff may manually assign Risk Code 427.05, Consuming Potential Unsafe Foods, or refer to the previous question (Nutrition History #5) around unsafe foods and answer accordingly to have the risk system-assigned.

9. How much physical activity do you get on most days? [Options: None, 15 minutes, 30 minutes, 1 hour, More than 1 hour]

There is no system-assigned risk code associated with this question. Exercise can be very beneficial during pregnancy. It helps lower risk of many pregnancy complications and may make labor and delivery easier. Some pregnant clients may need to restrict certain types of physical activity. Refer a pregnant client to their health care provider for recommendations about physical activity, especially if they are making changes to their usual activity levels, such as increasing exercise or adding a new type of exercise.

10. Did you provide MIHP services for this client during this visit?

There is no system-assigned risk code associated with this question. Staff should document here if WIC and MIHP services were completed during the visit. This documentation can be seen in the MIHP Billing Report.

PREGNANT CLIENT: Breastfeeding Information

1. Have you ever breastfed or pumped breast milk to feed any of your children?

There is no system-assigned risk code associated with this question and it will only be displayed if the client was previously pregnant. The purpose of this question is to initiate a conversation around the client's previous experiences (positive or negative) with breastfeeding.

2. Are you currently breastfeeding or pumping breast milk?

This question assigns risk code 338.01, Pregnant Woman Currently Breastfeeding. It is considered safe for most clients to continue breastfeeding while pregnant. It is recommended breastfeeding continue for as long as mutually desired by the parent and child. The assignment of this risk is not intended to discourage clients from continuing breastfeeding during pregnancy, but rather to highlight the need to review the client's medical history and diet along with their breastfeeding goals.

a. **Is the baby less than one year old?** This question assigns the BE Max food package.

b. **Are you breastfeeding or pumping milk for more than one child (multiples)?** A pregnant client who is *partially* breastfeeding twins under the age of one is assigned the BE Max food package. (Table G). If the client is exclusively breastfeeding twins, they are eligible for 1.5x BE Max food package (Table H). Please see the [Breastfeeding for WIC Staff webpage](#) for specific guidance.

3. Did you breastfeed as long as you desired?

a. **Why?** This question will only be displayed if the answer to Q#3 is 'no'. There is no system-assigned risk code associated with this question. The purpose of this question is to facilitate a conversation around the client's previous barriers to reaching their breastfeeding goals. By addressing previous issues during pregnancy, staff can provide anticipatory guidance.

4. What have you heard about breastfeeding?

Only displayed if answer to Q#1 is 'no' indicating they have never breastfed before. There is no system-assigned risk code associated with this question. This question is designed to start a conversation with the client about their myths, misconceptions and fears associated with breastfeeding. Information to assist clients is provided during [Breastfeeding Basics](#).

5. How are you thinking about feeding your baby? [Options: I want to nurse my baby from the breast, I want to pump and nurse from the breast, I want to pump only, I want to provide both formula and breastmilk, I don't want to breastfeed, I don't know, Other]

There is no system-assigned risk code associated with this question. [Policy 4.01](#) states *WIC staff shall encourage, educate, and support clients in their breastfeeding decisions*. This question allows staff to ascertain their client's goals.

a. **What is your breastfeeding goal?** This question will only be displayed if client answers yes to: *I want to nurse my baby from the breast/I want to pump and nurse from the breast/I want to pump only/I want to provide both formula and breast milk/Other*.

There is no system-assigned risk code associated with this question. This question is designed to start a conversation with the client about their breastfeeding goals. This question is asked during pregnancy; the client's response will save and can be viewed postpartum. This allows staff to see the client's previous goals and help with meeting those goals.

6. Are you interested in receiving more information about breastfeeding?

There is no system-assigned risk code associated with this question. [Policy 4.02](#) states the LA is responsible for breastfeeding education and support which must *Respect a client's informed decision as to their infant feeding method choice*. The goal of this question is to ask the client's permission and provide information on client specific questions or areas of concern. Listening carefully to the answer to this question allows staff to meet the client where they are at.

PREGNANT CLIENT: Breastfeeding Assessment

1. Are you worried about being able to breastfeed because of any medical conditions or medications: (If any of these boxes are checked, provide anticipatory guidance and a referral to CLS/CLC/IBCLC) [Options: Breast Surgery/Trauma, Hypothyroidism, Diabetes, PCOS, Medications, Depression, HIV (Do NOT ask. Only check if voluntarily shared by client), No Concerns, Other]

There is no system-assigned risk code associated with this question. If hypothyroidism, diabetes, depression, or HIV are checked on the Medical Screen, they will be checked here. Many clients may think they won't be able to successfully breastfeed if they have any of these conditions. Asking them about their concerns and providing education can help dispel misinformation.

Note: Assess for Risk Code 602.01, Lactating Woman with Breastfeeding Complications or Potential Complications, to identify any additional conditions that would require additional support (e.g., flat or inverted nipples) and will require a manual assignment for all criteria except "at or older than 40 years of age". A current complication is an indication to refer to a Breastfeeding Peer Counselor, Lactation Consultant, or Health Care Provider.

POSTPARTUM CLIENT: Health/Pregnancy

Pregnancy Information

1. Did this pregnancy result in a live birth?

This information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends. This question is also associated with Risk Code 321.01, History of Spontaneous Abortion, Fetal or Neonatal Loss. If 'no' is selected, the risk code will assign.

2. How many infants resulted from this pregnancy?

This information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends. This question is also associated with Risk Code 335.01, Multi-fetal Gestation, and will assign if more than one infant resulted from the pregnancy. Clients with twins or more have greater nutrient requirements than clients with only one infant.

3. How many times have you been pregnant (including this pregnancy)?

This information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends.

4. How many times have you been pregnant for 20 or more weeks (not including this pregnancy)?

This information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends.

5. How many live births have you had (not including this delivery)?

This information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends.

6. During your most recent pregnancy, have you experienced any poor pregnancy or birth outcomes (stillbirth or neonatal death)?

This question is associated with Risk Code 321.01, History of Spontaneous Abortion, Fetal or Neonatal Loss. If 'yes' is selected, the risk code will assign. Previous fetal and neonatal deaths are strongly associated with preterm low birth weight and small for gestational age and the risk increases as the number of previous poor fetal outcomes goes up. (Thorn DH. (1992)). This risk should not be assigned if the client has had an elective abortion.

7. Before this delivery, when did your previous pregnancy end (month/year)?

This information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends. This question is also associated with Risk Code 332.01, Short Interpregnancy Interval. The system will calculate and assign this risk if the time between pregnancies is less than 18 months. Short interpregnancy intervals are associated with increased risk for adverse outcomes such as maternal complications, preterm birth, low birth weight, small for gestational age, birth defects, and autism.

8. Tell me about any pregnancy or delivery related concerns you have had with your previous deliveries:

Please see the justifications below for specific risk information.

Risk Code	Answer Options	Justification
303.01	Gestational Diabetes (GDM)	Clients with a history of GDM are at risk to develop GDM in a later pregnancy. Breastfeeding can reduce the risk of developing Type 2 diabetes.
337.01	Infant 9 lbs. or more	Clients with a history of delivering a baby greater than 9 lbs. are at an increased risk for giving birth to another large for gestational age infant and other pregnancy-related complications (including for client and infant).

POSTPARTUM CLIENT: Health/Pregnancy

Risk Code	Answer Options	Justification
304.01	Preeclampsia	Preeclampsia is pregnancy-induced hypertension (>140mm Hg systolic or 90mm Hg diastolic) with proteinuria developing usually after the 20 th week of gestation. Clients who have had preeclampsia in a prior pregnancy are at a higher risk of recurrence. Ways to decrease preeclampsia are optimal nutrition (calcium and vitamin D) and physical activity.
-	None apply	Selected if none apply.

9. How many months pregnant were you when you had your first prenatal care visit with a medical provider?

This information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends for our target population. Note: This date is the first time a client saw a health care professional regarding the pregnancy. It is not the date of a pregnancy test unless it was during a medical appointment.

10. During your most recent pregnancy, were you told by your doctor that you had:

- a. **Gestational Diabetes** This information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends. This question is also associated with Risk Code 303.01, History of Gestational Diabetes. Also included in this classification are clients who may have had undiagnosed diabetes prior to pregnancy and then are first diagnosed during pregnancy. GDM is associated with a higher incidence of pregnancy-related complications. WIC nutrition services can support the medical care and nutrition recommendations clients with GDM receive from their health care providers. Breastfeeding should be strongly encouraged as lactation has long-term effect on preventing or delaying the development of Type 2 diabetes. (Ley, S. H., Chavarro, J. E., Li, M., Bao, W., Hinkle, S. N., Wander, P. L., ... & Zhang, C. (2020)).
- b. **High Blood Pressure** This question is associated with Risk Code 345 +, Hypertension and Prehypertension, and collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends. Hypertension, commonly referred to as high blood pressure, is defined as persistently high arterial blood pressure with systolic blood pressure above 140 mm Hg or diastolic blood pressure above 90 mm Hg. Hypertension is the most common medical complication of pregnancy; pregnancy-induced hypertension is a risk factor for developing postpartum hypertension, although it can also occur in individuals who did not experience pregnancy-induced hypertension (Hauspurg, A., & Jeyabalan, A. (2022)). Promoting optimal nutrition (calcium and vitamin D) and physical activity can help decrease high blood pressure.

Most treatments for hypertension are compatible with lactation. Pregnancy-induced hypertension is linked to delayed milk production after birth. Staff are encouraged to provide anticipatory guidance and promote skin-to-skin contact and frequent milk removal. Breastfeeding reduces blood pressure in the short term (during the first 6 months after birth) (Groer, Jevitt, Sahebzamani, Beckstead, & Keefe, 2013) and long term (2-3 decades after breastfeeding for even just one month) (Bonifacio, E., Schwartz, E. B., Jun, H., Wessel, C. B., & Corbelli, J. A. (2018)).

POSTPARTUM CLIENT: Health/Pregnancy

11. Tell me about any other pregnancy or delivery related concerns you or your medical provider have had with your most recent pregnancy/delivery:

Risk Code	Answer Options	Justification
311.01	Preterm Delivery (< 37 weeks)	Clients who have had preterm delivery are at risk for having spontaneous preterm delivery in future pregnancies.
311.02	Early term Delivery (37 to < 39 weeks)	The fetus's lungs, brain, and liver develop significantly during gestation weeks 37-39. A client with an early term delivery is more likely to experience postpartum depression.
313.01	Low Birth Weight (Infant 5 lbs., 8 oz or less)	A client with a history of delivering babies with low birth weight is at risk for delivering future low birth weight babies.
339.01	Spina Bifida	A client who has given birth to an infant with spina bifida, a neural tube defect which develops early in pregnancy and is associated with inadequate folic acid intake.
337.01	Infant 9 lbs. or more	Clients with a history of delivering a baby greater than 9lbs are at an increased risk for giving birth to another large for gestational age infant and other pregnancy-related complications (including for client and infant).
359.01 +	C-section within the last 2 months	Major surgery (including C-sections) increases calorie and protein needs, as well as specific vitamins, minerals, fatty acids, and amino acids (such as Vitamin A, Vitamin C, and zinc) to ensure proper wound healing.
304.01	Preeclampsia	Preeclampsia is pregnancy-induced hypertension (>140 mm Hg systolic or 90mm Hg diastolic). Clients who have had preeclampsia previously are at a higher risk of recurrence.
339.01	Birth Defect	Clients who have given birth to an infant diagnosed with a congenital or birth defect associated with inappropriate nutrient intake, such as inadequate zinc (low birth weight), excessive vitamin A (cleft palate or lip), inadequate folic acid (neural tube defect).
-	None Apply	Selected if none apply.

POSTPARTUM CLIENT: Health/Medical

1. Do you currently have any medical conditions?

The medical conditions list includes all 300 series Michigan risk codes. See Policy 2.13A, Nutrition Risk Criteria or Medical Conditions and Illnesses list for the complete list.

Relevant risk codes will be assigned for any selected current and diagnosed medical conditions.

Some of the conditions listed may not have specific dietary recommendations but, in all cases, good nutrition is important to overall health, growth and well-being.

Note: Please refer to the previous section called 'Nutrition Risk Criteria' for review on self-report versus self-diagnosis.

2. What, if any, prescription medications do you take?

While there is no system-assigned risk associated with this question, it may be important to know what medications a client is taking. This is a good opportunity to document for the client's continuity of care. This can lead to a good discussion on a client's medical condition or possible underlying substance use/abuse.

3. Do any of these medications impact your nutrition (upset stomach, poor taste, affect appetite)?

This question is associated with Risk Code 357.01 +, Drug Nutrient Interaction, and is assigned if the client takes prescription or over-the-counter drugs or medications impacting nutrition status. Use of some prescription or over-the-counter medications may have side effects interfering with nutrient intake or utilization and cause nutrition status to be compromised. Drug induced nutrient deficiencies develop slowly over time and occur most often in long-term drug treatment or disease.

For a comprehensive list of food and medication interactions, staff can reference resources such as the *Physician's Desk Reference* or the most current *Food Medication Interactions* guide. Additional information on medications can also be found online at: <https://medlineplus.gov/druginformation.html>.

Due to safety concerns for the unborn baby, a client should always consult with their health care provider before taking medication during pregnancy.

4. Do you have any problems with your teeth or gums?

Oral health reflects and influences general health and well-being. Good oral health care and nutrition are often overlooked factors in the growth and development of the teeth and oral cavity.

This question is associated with Risk Code 381.01, Dental Problems. This specific risk includes diagnoses by a physician OR adequate documentation by a CPA of tooth decay, periodontal disease, tooth loss and or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality.

If a dental problem causes a client to change what or how they eat, this can impact their nutrition. Periodontal disease and cavities may impact pregnancy outcome, and the child's risk of developing future cavities. Dental disease is a risk factor for pre-term low birth weight. It may also increase a client's risk of atherosclerosis, rheumatoid arthritis, and diabetes.

Similarly, tooth decay and other dental problems may indicate poor eating and/or liquid habits (especially sweet beverages). By providing nutrition counseling, loss of teeth, permanent damage to teeth, and possible speech problems can be prevented. Counseling may include recommendations for the client to consume healthy foods and drinks, avoid excessive snacking, brush twice a day, and floss regularly. Staff can provide a referral if the client/family does not yet have a dental care provider/dental home.

POSTPARTUM CLIENT: Health/Medical

5. In the month before this pregnancy, how many times a week did you take a multivitamin?

[Options: Less than 1 per week, 1-3 per week, 4 or more per week, None, Unknown/Refused]

This information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends for our target population. See the next question's response for more information about appropriate vitamin/mineral intake.

6. In the last month, have you taken a prenatal or multivitamin?

This question is also associated with Risk Code 427.04, Vitamin/Mineral Supplementation, and is assigned if the client is not routinely taking a prenatal or multivitamin containing adequate iron, folic acid, and iodine. If staff have any questions about what is considered appropriate, please refer to the amounts below and/or check with a RD.

- Pregnant clients taking less than 27 mg of supplemental iron daily.
- Non-pregnant clients consuming less than 400 mcg. of folic acid (synthetic) from fortified foods and/or supplements daily.
- Pregnant and lactating clients consuming less than 150 ug. of supplemental iodine per day.

7. Other than your prenatal/multivitamin and what has been prescribed by your doctor, are you taking any other vitamins, herbal supplements, or teas?

Similar to the previous question, a client who regularly takes inappropriate or excessive amounts of vitamins and/or herbal supplements can be harmful or impact breast milk production. This question is associated with Risk Code 427.01, Inappropriate or Excessive Intake of Dietary Supplements, and is assigned if a client is routinely taking inappropriate or excessive amounts of any dietary supplements with potentially harmful consequences which were not prescribed by a health care provider. Again, if staff have any questions about what is considered appropriate, please refer to the examples below and/or check with a RD or Level 3 breastfeeding staff.

Harmful dietary supplements with potentially harmful consequences may include, but are not limited to, ingestion of unprescribed, excessive, or toxic:

- Herbal remedies or botanical supplements/ remedies/ teas. If a client uses any teas, herbs, or home remedies, encourage them to discuss with their doctor if they are safe for them and their baby. Some botanical (including herbal) teas may be safe; however, others have undesirable effects during pregnancy and breastfeeding. Herbal supplements, such as blue cohosh and pennyroyal, stimulate uterine contractions, which may increase the risk of miscarriage or premature labor.
- Multi- or single vitamin or mineral supplements. Taking mega-doses of some fat-soluble vitamins is not recommended, as this may be harmful to both the parent and baby. For example, very high levels of vitamin A can cause birth defects. Reinforce to clients they should only take vitamin and mineral supplements their health care provider recommends.
- Some herbs, such as sage and peppermint (when consumed in much greater amounts than usual) have been associated with decreased breast milk production.

8. In the past year, have you used any products containing nicotine, tobacco, marijuana, or any other drugs?

[If a client responds no/unknown/refused to this overarching smoking and drug question, the subsequent sub-questions will automatically populate as "No" or "Unknown/Refused".]

This question is associated with Risk Codes 371.01, Nicotine and Tobacco Use, 372.01, Alcohol and Substance Use/Abuse, and 902.01 Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food This data is also collected for our PNSS reporting.

POSTPARTUM CLIENT: Health/Medical

Clients who smoke are at risk for diseases such as cancer, cardiovascular disease, and chronic obstructive pulmonary disease. Additionally, smoking exposes infants and children to environmental tobacco smoke. Vitamin C requirements are higher for clients who smoke; the WIC food package provides several good sources. Clients may also benefit from counseling and referral to smoking cessation programs. WIC staff are required to provide all clients with information related to the dangers of smoking, alcohol, and drugs. Please be familiar with your community resources and maintain updated referral information for your clients.

Last 3 Months of Pregnancy: There is no system-assigned risk code associated with this question; rather, this information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends for our target population. It's good to assess past habits to provide appropriate education and referrals.

- a. **Smoked Cigarettes? If yes, how many on an average day?**
- b. **Used any other forms of nicotine or tobacco?**
- c. **Used Marijuana in any form (smoke, vape, edibles, oils)?**
- d. **Used any illegal substance?**
- e. **Used prescription medications in a way that wasn't prescribed or that weren't prescribed to you?**

Current:

- a. **Smoked Cigarettes? If yes, how many on an average day?** This question assigns Risk Code 371.01, Nicotine and Tobacco Use. This question is asked separate from other forms of nicotine and tobacco specifically for PNSS reporting.
- b. **Used any other forms of nicotine or tobacco?** This question also assigns Risk Code 371.01, Nicotine and Tobacco Use, and includes the use of any product which contains nicotine and/or tobacco including but not limited to pipes, cigars, electronic nicotine delivery systems (e.g., e-cigarettes, vaping devices), hookahs, smokeless tobacco (e.g., chewing tobacco, snuff, dissolvable), or nicotine replacement therapies (e.g., gums, patches). Vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs), and e-pipes are some of the many terms used to describe electronic nicotine delivery systems (ENDS). The ENDS market continues to innovate new products, so research is limited. Quite often, ENDS users believe using these devices is less harmful than smoking a cigarette; there is no evidence to support this. An individual's level of exposure to nicotine depends on the amount of nicotine in the ENDS product, as well as on product characteristics, device operation, and the user's inhalation pattern. Exhaled ENDS vapor has been shown to contain chemicals that can cause cancer, harm a fetus, and are a source of indoor air pollution. Staff should explore if a client is open to information on this topic, especially around cessation, and provide resources.
- c. **Used Marijuana in any form (smoke, vape, edibles, oils)?** This question is associated with Risk Code 372.01, Alcohol and Substance Use (breastfeeding clients only) and 902.01, Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food. Although marijuana is a legal substance in Michigan, the side effects of tetrahydrocannabinol (THC) may harm the baby can impair a client's ability to choose and prepare suitable foods for the family.
- d. **Used any illegal substance?** This question is associated with Risk Code 372.01, Alcohol and Substance Use and 902.01, Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food. Substance use can impair a client's ability to choose and prepare suitable foods for the family.
- e. **Used prescription medications in a way that wasn't prescribed or that weren't prescribed to you?** This question is associated with Risk Code 372.01, Alcohol and Substance Use and 902.01, Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food. Prescription misuse can impair a client's ability to choose and prepare suitable foods for the family.

POSTPARTUM CLIENT: Health/Medical

9. In the 3 months before you got pregnant, did you drink alcohol? If yes, how much in an average week? [Options: Less than 1 per week, 1-2 per week, 3-5 per week, 6 or more per week, Drank, but quantity unknown]
There is no system-assigned risk code associated with this question; rather, this information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends for our target population.
10. In the last 3 months of your pregnancy, did you drink alcohol? If yes, how much in an average week? [Options: Less than 1 per week, 1-2 per week, 3-5 per week, 6 or more per week, Drank, but quantity unknown]
This information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends in the targeted population.
11. Tell me about your current drinking habits. [Options: Do not drink, Drink less than 2 alcoholic drinks per day, Drink 2 or more drinks per day, Drank 5 or more drinks in one day in the last month, Drank 5 or more drinks on 5 or more days in the last month]
This information is collected for PNSS data. PNSS data is self-reported by WIC clients and compiled into annual reports showing trends in the targeted population. This is also associated with Risk Code 372.01, Alcohol and Substance Use, and is assigned if 'Drink 2 or more drinks per day', 'Drank 5 or more drinks in one day in the last month' and 'Drank 5 or more drinks on 5 or more days in the last month' is selected. Binge or heavy drinkers may develop nutrient deficiencies and diseases. Not drinking alcohol is the safest option for breastfeeding clients. Generally, moderate alcohol consumption (up to 1 standard drink per day) is not known to be harmful to the breastfed infant, especially if the parent waits at least 2 hours after a single drink before breastfeeding. WIC staff are required to provide all clients with information related to the dangers of smoking, alcohol, and drugs. Please be familiar with your community resources and maintain updated referral information for your clients. Caregivers under the influence of alcohol may not be able to safely care for their baby.
12. In the last week, have you felt down, depressed, or hopeless, or had little interest or pleasure in doing things? [Options: Never, Sometimes (1-3 times), More than half the time, Everyday]
There is no system-assigned risk code associated with this question. Staff could manually assign Risk Code 361.01 +, Depression, if a client self-reports they have depression, diagnosed by a doctor. The purpose of this question is to assess if the client may have any depression. If 'Sometimes (1-3 times)', 'More than half the time', or 'Everyday' is selected, the questions below will display. Staff will receive a message to provide an appropriate referral and "Mental Health Services" will be emboldened on the Referral screen. Please be familiar with resources to provide clients, especially local resources. These additional questions help to assess the urgency in making a referral.
- In the last week, how often, if at all, have you felt scared or panicked for no reason?
 - In the last week, how often, if at all, have you been so unhappy that you have cried?
 - In the last week, have you had any thoughts of harming yourself or your child?

While diagnosing and treating depression is outside of WIC's scope, the nutrition assessment process and referral services lend themselves well to identifying and linking clients with or at risk of depression to appropriate services. The CPA/RD may be considered a mental health "gatekeeper" and a vital collaborator with mental health professionals for the client's well-being. Staff routinely consider client's medical conditions, i.e., diabetes, heart disease and obesity, in their assessment. It is equally important for staff to also consider a client's mental health, especially since medical conditions often coexist with depression. If a client is having difficulty caring for themselves or their baby, staff can assess needs and provide nutrition education/support through nutritious foods (i.e., omega-fatty acids) and encouragement of physical activity, support breastfeeding goals, and make relevant referrals. Please be familiar with resources to provide clients, especially local resources. For more information, we strongly encourage staff to utilize [USDA's Guidance for Screening and Referring Women with or At Risk for Depression](#).

POSTPARTUM CLIENT: Nutrition History

1. What, if any, diagnosed food allergies do you have?

This question is associated with Risk Code 353.01 +, Food Allergies. Diagnosed adverse immune response to a food or a hypersensitivity causing adverse immunologic reaction. This applies when the diagnosed food intolerances or allergies require major dietary modification to provide optimal nutrition.

2. Are there other foods you avoid or allergies you suspect?

There is no system-assigned risk associated with this question. This question is used to capture any food intolerances not diagnosed by a medical provider and may not adversely affect the client's nutrition status.

3. What, if any, special diet do you follow? [Options: Vegetarian diet, Vegan diet, Low carb/high protein diet, Low calorie/weight loss diet, Bariatric surgery, Diabetic, Gluten Free, Other, None Apply]

This question is associated with Risk Code 427.02 +, Highly Restrictive Diets, which include:

- Diet very low in calories including impaired absorption following bariatric surgery.
- Severely limited intake of important food sources of nutrients.
- Strict vegan diet.

Highly restrictive diets may lead to nutrient deficiencies. The options, 'vegetarian diet', 'low carb/high protein diet', 'diabetic', and 'gluten free' do not assign a risk code. However, they are common diets impacting what the client is consuming and may be important for continuity of care. If 'Bariatric surgery' is selected, the system will also assign Risk Code 342.10, Post-bariatric surgery. It is assumed that an individual who follows this diet has had bariatric surgery is at risk for nutrient deficiencies due to impaired caloric intake and malabsorption of essential nutrients.

4. Do you eat any non-food items?

This question is associated with Risk Code 427.03 Routine Ingestion of Non-Food Items – Pica.

Some clients crave non-food items (such as ashes, baking soda, carpet fibers, cigarettes or cigarette butts, chalk, clay or dirt, dust, coffee grounds, foam, rubber, ice (excessive intake), paint chips, soil, starch (laundry, cornstarch), wood). This is called Pica. Pica is possibly linked to lead poisoning, anemia, excess or inadequate calorie intake, stomach problems, or parasitic infection. Lead is toxic and particularly harmful for developing nervous systems. Lead can be passed through the placenta to the fetus, or through breast milk to a baby. Any client who reports Pica should be referred to their doctor for follow-up.

5. How would you describe your appetite? [Options: Good, Fair, Poor]

There is no system-assigned risk code associated with this question. This is to assess if the client is eating a healthy variety of foods or limiting one or more entire food groups. This question may provide some insight into the client's willingness to eat.

6. Tell me about the foods you eat on most days. [Option: Fruits, Vegetables, Whole Grains, Dairy, Protein, Sweet/Salty Snacks, Fast Food/Restaurants, Michigan Fish]

This question is designed to assess if major food groups are missing from the client's diet, and as a springboard for further discussion about healthy eating habits. There is no system-assigned risk code associated with this question.

Michigan Fish is included here as an opportunity to educate on consuming safe fish, if applicable to the client/family. PCBs, dioxins, and mercury are the most common chemicals found in Michigan fish. Following the 3Cs of eating safe fish (Choose, Clean, Cook) can help provide a lot of health benefits (low fat protein source, omega 3s) at very little risk. Refer to www.michigan.gov/eatsafefish for more information.

POSTPARTUM CLIENT: Nutrition History

7. **What do you drink on most days?** [Options: Water, Soy Beverage, Other Milk Alternative (almond, oat, etc.), 100% Juice, Coffee/Tea, Cow's Milk (Skim, ½%, 1%, 2%, Whole), Pop, Diet Pop, Fruit/Sports Drinks, Caffeinated/Energy Drinks, Other]

There is no system-assigned risk code associated with this question. This question assesses usual drink intake and prompts discussion about improving choices as needed. This also helps to assess if the client is lactose intolerant, allergic to milk, or drinking inappropriate beverages (sweetened beverages, excessive juice, raw milk, etc.).

8. **How much physical activity do you get on most days?** [Options: None, 15 minutes, 30 minutes, 1 hour, More than 1 hour]

There is no system-assigned risk code associated with this question. Staff should encourage physical activity to be done on a regular basis unless the client's health care provider has given other guidance. If a client has any health concerns, they should consult their health care provider before starting a new type of exercise. Physical activity (including low impact exercise such as walking) has many health benefits and can help with mood and maintaining a healthy weight after having a baby.

9. **Did you provide MIHP services for this client during this visit?**

There is no system-assigned risk code associated with this question. Staff should document here if WIC and MIHP services were completed during the visit. This documentation can be seen in the MIHP Billing Report.

POSTPARTUM CLIENT: Breastfeeding Information

NPP Client

7. Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?

There is no system-assigned risk code associated with this question. The goal is to determine if this NPP client ever breastfed at all.

8. Had you planned on breastfeeding?

There is no system-assigned risk code associated with this question. This question is required if Q#5 from the PG screen “How are you thinking about feeding your baby?” was not answered. The answer to this question helps staff determine how best meet a client’s breastfeeding goals. If they are currently an NPP client, but planned on breastfeeding, perhaps there was some problem that can be overcome with education and support.

- a. **Can you tell me what caused you to stop breastfeeding?** This question will only display if the answer to Q#9 is yes. There is no system-assigned risk code associated with this question. The answer may help staff determine what issues and/or concerns the client had with breastfeeding.

9. Would you like help with breastfeeding?

There is no system-assigned risk code associated with this question. [Policy 4.02](#) states the LA is responsible for breastfeeding education and support which must *Respect a client’s informed decision as to their infant feeding method choice*. The goal of this question is to ask a client, who may not currently be breastfeeding, if they are interested in relactating or increasing lactation.

BE/BP Client

10. Are you breastfeeding or pumping milk for more than one child?

From same pregnancy (multiples)? There is no system-assigned risk code associated with this question. A postpartum client who is *partially* breastfeeding twins under the age of one is assigned the BE Max food package (Table G). If the client is exclusively breastfeeding twins, they are eligible for 1.5x BE Max food package (Table H). Please see the [Breastfeeding for WIC Staff webpage](#) for specific guidance.

From different pregnancies. This question is associated with Risk Code 602.01, Lactating Woman with Breastfeeding Complications or Potential Complications, and is an indication for a referral to the breastfeeding peer counselor, lactation consultant, or health care provider. Tandem nursing the older baby may compete for nursing privileges and care must be taken to assure that the younger baby has first access to the milk supply. The client who chooses to tandem nurse will have increased nutrition requirements.

11. What is your breastfeeding goal?

There is no system-assigned risk code associated with this question. This question is designed to start a conversation with the client about their breastfeeding goals. This question was asked during pregnancy; the client’s response can be viewed postpartum. This allows staff to see the client’s previous goals and help with meeting those goals.

POSTPARTUM CLIENT: Breastfeeding Assessment

1. **Are you worried about being able to breastfeed because of any medical conditions or medications: (If any of these boxes are checked, provide anticipatory guidance and a referral to CLS/CLC/ IBCLC) [Options: Breast Surgery/Trauma, Hypothyroidism, Diabetes, PCOS, Medications, Depression, HIV (Do NOT ask. Only check if voluntarily shared by client), No Concerns, Other]**

There is no system-assigned risk code associated with this question. If hypothyroidism, diabetes, depression, or HIV are checked on the Medical Screen, they will be checked here. Many clients may think they won't be able to successfully breastfeed if they have any of these conditions. Asking them about their concerns and providing education can help dispel misinformation.

2. **Tell me how breastfeeding is going.**

There is no system-assigned risk code associated with this question. The goal is to ask an open-ended question that allows the client to express their concerns and ask questions. Below the text box, staff will see questions that could be asked to help initiate a conversation. It is not the expectation that staff ask any/all of these questions.

Note: Assess for Risk Code 602.01, Lactating Woman with Breastfeeding Complications or Potential Complications, to identify any additional conditions that would require additional support and will require a manual assignment for all criteria except "at or older than 40 years of age" or "tandem nursing (breastfeeding 2 siblings who are not twins)". A current complication is an indication to refer to a Breastfeeding Peer Counselor, Lactation Consultant, or Health Care Provider. Common conditions include but are not limited to:

- Severe breast engorgement.
- Recurrent plugged ducts.
- Mastitis (fever or flu-like symptoms with localized breast tenderness).
- Flat or inverted nipples.
- Cracked, bleeding or severely sore nipples.
- At or older than 40 years of age.
- Failure of milk to come in by 4 days postpartum.
- Tandem nursing (breastfeeding 2 siblings who are not twins).

INFANT CLIENT: Health/Medical

1. Does your child currently have any medical conditions?

The medical conditions pop-up lists all 300 series Michigan risk codes. See Policy 2.13A, Nutrition Risk Criteria or Medical Conditions and Illnesses list. Relevant risk code will be assigned for any selected current and diagnosed medical conditions. Some of the conditions listed may not have specific dietary recommendations but, in all cases, good nutrition is important to overall health, growth and well-being.

Note: Please refer to the previous section called 'Nutrition Risk Criteria' for review on self-report versus self-diagnosis.

2. What, if any, prescription medications does your child take?

While there is no system-assigned risk associated with this question, it may be important to know what medications a client is taking. This is a good opportunity to document for the client's continuity of care.

3. Do any of these medications impact their nutrition (upset stomach, poor taste, affect appetite)?

This question is associated with Risk Code 357.01 +, Drug Nutrient Interaction, if the client takes prescription or over-the-counter drugs or medications impacting nutrition status. Use of some prescription or over-the-counter medications may have side effects interfering with nutrient intake or utilization and cause nutrition status to be compromised.

For a comprehensive list of food and medication interactions, staff can reference resources such as the *Physician's Desk Reference* or the most current *Food Medication Interactions* guide. Additional information on medications can also be found online at: <https://medlineplus.gov/druginformation.html>.

4. Does your child have any problems with their teeth or gums?

CDC reports dental caries may be the most prevalent infectious disease in U.S. children. Despite its high prevalence, early childhood caries is a preventable disease. Oral health reflects and influences general health and well-being. Good oral health care and nutrition are often overlooked factors in the growth and development of the teeth and oral cavity.

This question is associated with Risk Code 381.01, Dental Problems. For infants, the risk includes diagnoses of dental problems such as nursing or baby bottle tooth decay.

Poor bottle habits, including using sugar sweetened liquids or prolonged bottle use, can cause tooth decay/baby bottle caries. It is recommended caregivers wipe a baby's gums with a soft washcloth or soft toothbrush, brush teeth, and minimize situations involving saliva sharing (i.e., sharing a cup or utensils). By providing nutrition counseling, loss of teeth, permanent damage to teeth, and possible speech problems can be prevented. Staff can provide a referral if the client/family does not yet have a dental care provider/dental home.

5. How much, if any, screen time did your child have yesterday? [Options: None, 2 hours or less, More than 2 hours, Unknown]

There is no system-assigned risk associated with this question; this information is collected for PedNSS data. Screen time is typically sedentary time. For good health, children should get less than two hours of screen time per day and staff should encourage daily activity.

INFANT CLIENT: Nutrition History

1. What type of water do you give your baby? (Assess for fluoride content): [Options: Water with fluoride, Water without fluoride, Other/Unknown, None]

Risk Code 411.11, Vitamin/Mineral Supplementation, is assigned if 'water without fluoride' or 'None' is selected. Depending on an infant's specific needs and environmental circumstances, certain dietary supplements may be recommended to ensure health. Fluoride supplements may help reduce dental decay. The Risk Help document provides specific quantities, yet this question focuses on water source, as the client is more likely to know if their water is fluoridated (typically city water) or not, and fluoridated water meets a baby's needs.

2. What is your child's vitamin D source? [Options: Vitamin D supplement, 32 oz formula, 32 oz milk, Other adequate source, Inadequate/None]

Risk Code 411.11, Vitamin/Mineral Supplementation, is assigned if 'Inadequate' or 'None' is selected. To prevent rickets and vitamin D deficiency in healthy infants and children, the Academy of Breastfeeding Medicine (ABM) recommends:

- Breastfeeding infants receive vitamin D supplementation shortly after birth in doses of 400-800 IU/day.
- Vitamin D supplementation may be provided to a breastfeeding parent in a dose of 6,400 IU/day when there is an objection or contraindication to direct infant supplementation.

The American Academy of Pediatrics (AAP) recommends a supplement of 400 IU per day for:

- All non-breastfed infants who are ingesting less than 1 liter/1 quart per day of vitamin D-fortified formula.

Be sure to clarify if the caregiver is referring to formula or milk when describing what their infant is drinking. If the infant is consuming milk (not formula), counsel on age-appropriate beverage intake. Breast milk or infant formula is needed until the infant is 1 year old.

3. What, if any, diagnosed food allergies does your child have?

This question is associated with Risk Code 353.01 +, Food Allergies. Food allergies are adverse health effects arising from a specific immune response after exposure to a given food. The risk applies when a major dietary modification to provide optimal nutrition is required. Food allergies are not typically diagnosed in infants, yet they are often suspected. Encourage the client to contact their healthcare provider if serious suspicions arise.

An infant is considered high risk for developing an allergy if there is a strong family history, with at least one parent or sibling with an allergic disease. While it was once recommended caregivers wait until a child was 3 years old to introduce top allergenic foods, recent studies indicate a delay likely does not prevent an infant's development of allergies, and it may actually increase the risk. Early exposure to a variety of food allergens once the infant is developmentally ready to consume complementary foods may be beneficial to the infant's gastrointestinal tract. Because there is no convincing evidence the introduction of allergenic foods should be delayed beyond 6 months of age, the AAP recommends that an infant without allergic risk be introduced to those foods when the infant is determined to be developmentally ready. For more information, refer to the [Infant Nutrition and Feeding Guide](#).

This high risk code will require staff to offer RD services. Staff must use critical thinking skills i.e. Does this require major dietary modification? When was the last time your child had a severe reaction to the allergen? Has the child been diagnosed or is it a suspected food allergy?

Foods highly associated with allergies include:

- Cow's milk (and foods made from cow's milk).
- Eggs.
- Peanuts and Tree nuts (walnuts, almonds, cashews, hazelnuts, pecans, Brazil nuts).
- Fish and Crustacean shellfish (e.g., shrimp, crayfish, lobster, and crab).
- Wheat.
- Soy.
- Sesame.

INFANT CLIENT: Nutrition History

4. Are there other foods you avoid or allergies you suspect?

There is no system-assigned risk code associated with this question. This question is used to capture any food intolerances not diagnosed by a healthcare provider and/or does not require major dietary modification.

We encourage staff to use critical thinking. Based on the client's response, determine if the food allergy or intolerance should be captured in question 3 (high risk will assign) or here (no risk will assign).

Encourage the client to contact their healthcare provider if food allergy suspicions arise.

5. Did you provide MIHP services for this client during this visit?

There is no system-assigned risk code associated with this question. Staff should document here if WIC and MIHP services were completed during the visit. This documentation can be seen in the MIHP Billing Report.

INFANT CLIENT: Infant Feeding

1. Tell me about the types of food and drinks your baby typically has.

This open-ended lead-in question helps to assess if a baby is breastfeeding, formula feeding, or combination feeding. Breastfeeding is recommended if possible. For babies fed formula, iron-fortified formula is recommended.

For older infants, the response to this question will help determine what to focus on in terms of education around feeding and development. It is important all food groups are introduced during the first year of life.

This question may be associated with the following risk codes, based on the conversation with the client, which may include further probing questions.

Risk Code	Answer Options	Justification
411.02	Adding any food (cereal or other food) or juice to the bottle	May increase choking risk. Offering cereal in a bottle does not let a baby develop eating skills like swallowing, chewing, or feeding themselves.
411.02	Baby drinks sugar sweetened beverages	Prolonged use of baby bottles during the day or night, containing fermentable sugars, (e.g., fruit juice, soda, and other sweetened drinks), pacifiers dipped in sweet agents such as sugar, honey or syrups, or other high frequency sugar exposures, increase risk of oral health issues.
411.03	Complementary foods or drinks before 6 months old	Early introduction to complementary foods may interfere with establishing normal feeding habits and may lead to under or over feeding.
411.04	Baby is offered complex foods that are difficult to swallow	Feeding foods of inappropriate texture for developmental age (i.e., introducing complex foods too early or offering pureed foods too long) can possibly lead to developmental delay or cause a choking risk.
411.05	Baby eats foods that could contain hidden bacteria (including deli meats, cold hot dogs, and honey)	May increase risk of baby getting a foodborne illness.
411.08 +	Baby follows special diet excluding key nutrients	May increase risk of failure to thrive or malnourishment (i.e., strict vegan diet, macrobiotic diet, a diet very low in calories & essential nutrients).
411.11	Baby takes herbal supplements/teas	Some supplements are recommended and prescribed by a health care provider (e.g., multivitamin, Vit D, fluoride, iron, etc.). Others, when fed more than recommended dosage, may be toxic or have harmful consequences.
-	No Concerns	Selected if no concerns/risks apply.

INFANT CLIENT: Infant Feeding

2. What are some of the things you look for when trying to decide if your baby is getting enough to eat?

This open-ended question is to assess if the caretaker recognizes the feeding cues of their baby. It is important for the caregiver to be sensitive to signs of hunger and satiety, and the infant's inputs and outputs. If the caregiver is not paying attention to these important cues, this can impact the baby's nutrition, growth, and health.

This question may be associated with the following risk codes, based on the conversation with the client, which may include further probing questions.

Risk Code	Answer Options	Justification
411.04	Not looking for hunger or fullness cues	Following a rigid feeding schedule and not recognizing hunger and satiety cues may result in under or over-feeding. Encourage caregivers to feed on demand by being attentive to baby's feeding cues.
603.01	Less than 4 dirty diapers per day (if child is 4 days-2 months)	Inadequate stooling or <6 wet diapers are probable indicators an infant is not receiving adequate human milk. Although the risk is only associated with infants fed human milk, inadequate output should also be assessed for formula-fed infants. It's important for caregivers to assess the number of wet and dirty diapers to make sure the infant is hydrated and getting enough to eat.
603.01	Less than 6 wet diapers per day	
411.07	Less than 8 feedings per day (if child is less than 2 months old)	Feeding on demand is critical to establishing and maintaining human milk production and meeting nutrient needs. Insufficient frequency of feeding may lead to low human milk production in the parent and dehydration and poor weight gain in the infant.
603.01	If breastfeeding/chestfeeding, baby has a weak or ineffective suck	A weak or ineffective suck may cause a baby to extract inadequate human milk, resulting long feedings with baby still appearing hungry. Over time, this may result in decreased milk production and slow weight gain or weight loss. An unproductive suck may be due to prematurity, low birth weight, a sleepy baby, or physical/medical problems such as heart disease, respiratory illness, or infection. Also, newborns who receive bottle feedings before beginning breastfeeding or who frequently use a pacifier may have trouble learning the proper tongue and jaw motions required for effective breastfeeding/chestfeeding.
603.01	If breastfeeding/chestfeeding, baby has difficulty latching	Difficult latching may cause a baby to extract inadequate human milk, resulting in long feedings with baby still appearing hungry. Over time, this may result in decreased milk production and slow weight gain or weight loss. Latching problems can also lead to nipple pain, engorgement, plugged ducts or mastitis. Latching problems may be due to incorrect positioning, a fussy baby, a sleepy baby, breast or nipple problems, prematurity, or physical problems. A referral for lactation counseling should be made.

INFANT CLIENT: Infant Feeding

Risk Code	Answer Options	Justification
-	Baby not satisfied after eating	There is no system-assigned risk associated with this answer; however, it is important to ensure baby is getting enough to eat by knowing how to recognize normal infant behavior as opposed to any concerning behavior. The Baby Eating and Sleeping. What is Normal? resource may be helpful for educating parents.
-	No concerns	Selected if no concerns/risks apply.

3. Tell me how you typically prepare and store your baby's human milk/formula.

This open-ended lead-in question helps to assess if there are any inappropriate nutrition-related practices for infants. Proper handling (cleanliness, temperature, length of time stored, etc.) is important to ensure human milk and/or infant formula is safe for consumption. Similarly, correct dilution of powder and concentrate formulas is important for body needs related to fluid and nutrient balance. Babies hospitalized for vomiting and diarrhea are often linked to the improper handling of formula rather than sensitivities to the formula itself. Knowing how the caregiver handles breast milk and bottles will help staff provide appropriate education regarding safe practices.

This question may be associated with the following risk codes, based on the conversation with the client, which may include further probing questions.

Risk Code	Answer Options	Justification
411.01	Routinely using a substitute for human milk/formula	Feeding anything other than human milk or iron-fortified formula can compromise an infant's health because a substitute does not contain optimal amounts of nutrients the infant needs. It can affect an infant's iron stores, cause kidney damage, or allergic reactions. These substitutes may also contain an abundance of sugar, displacing other nutrients or causing over-consumption of calories.
411.05, 411.09	Using donor milk supplied by individual or the internet	Since the cost of banked human milk can be prohibitive for clients, they may turn to informal milk sharing from known sources such as friends or relatives, or from unknown sources such as internet sites. Informal milk sharing is discouraged due to the lack of adequate screening for infectious diseases and the risk of contamination.
411.09	Does not have a proper place to store human milk/formula (i.e., refrigerator and/or freezer)	Adequate refrigeration ($\leq 40^{\circ}$ F) is necessary to safely store human milk and prepared formula. Lack of proper storage for expressed human milk or formula may cause foodborne illness or other health concerns.
411.09	Heating human milk/formula in microwave	Microwaving creates hot spots which can burn the baby's mouth and, in human milk, can destroy the nutrients.
411.09	Does not have access to safe water prepare formula	Safe water is essential to formula preparation. There may be contaminants in the water, such as lead, copper, or PFAS, which may lead to GI distress and/or developmental delays. A referral to environmental health resources is important if the client states they do not have a safe water source. It is also important to provide information on prevention, treatment and/or how to minimize exposure.

INFANT CLIENT: Infant Feeding

Risk Code	Answer Options	Justification
411.09	Not following formula mixing instructions	Improper mixing of formula can lead to potential health risks. All formula should be prepared according to the manufacturer's instruction on the label, or those given by the health care provider.
411.06	Intentional dilution of formula	Under diluted infant formula puts an excessive burden on an infant's kidneys and digestive system and may lead to dehydration. Overdiluted infant formula may contribute to growth problems, nutrient deficiencies, and water intoxication.
411.09	Reusing left over human milk/formula from one feeding to another	In most instances human milk/formula remaining after feeding should be discarded. The mixture of formula with saliva provides an ideal breeding ground for bacterial growth. An exception to this risk is breast milk may be re-used within 2 hours after the baby is finished feeding.
411.09	Using human milk that was thawed >24 hours prior to feeding	If clients thaw human milk in the refrigerator, it should be used within 24 hours. Start counting the 24 hours when the breast milk is completely thawed, not from the time when you took it out of the freezer. Michigan WIC follows CDC guidelines on thawing and storing human milk.
411.09	Using formula one hour after the start of a feeding	Prepared infant formula can grow bacteria if left out at room temperature. Use prepared infant formula within 2 hours of preparation and within one hour from when feeding begins.
411.02	Routinely propping bottle or putting the baby to bed with bottle	Propping the bottle deprives infants of human contact and nurturing which makes them feel secure. It can cause ear infections because of fluid entering the middle ear and not draining properly; choking from liquid flowing into the lungs; may lead to infant overfeeding; and tooth decay from prolonged exposure to carbohydrate-containing liquids. This answer option must be selected if an infant is allowed to use a bottle without restriction which increases the risk of dental caries and high weight gain.
-	No concerns	Selected if no concerns/risks apply.

Prepared infant formula is a highly perishable food that must be stored properly for safe consumption. Caregivers should always consult with their health care provider and follow the manufacturer's label instructions for infant formula storage.

Refer to the USDA [Infant Nutrition and Feeding Guide](#) and/or the [CDC guidelines](#) for infant formula storage.

For proper breast milk storage and preparation, refer to the [CDC guidelines](#).

INFANT CLIENT: Breastfeeding

The following questions will continue to be asked until question #2 is answered 'No'.

1. Was this child ever breastfed or fed breast milk, even for a short period of time?

There is no system-assigned risk associated with this question; this information is collected for PedNSS data. This question provides breastfeeding *initiation* data.

2. Is this child currently breastfed or fed breast milk?

There is no system-assigned risk associated with this question; this information is collected for PedNSS data. If this question is answered no, staff are prompted to answer question number 5. This question provides breastfeeding *duration* data.

3. Was this child given any formula in the hospital?

There is no system-assigned risk associated with this question. The information will be used by breastfeeding staff to look at the relationship between introduction of formula and its impact on breastfeeding rates. It will also show staff where education and outreach efforts might be focused. For example, their local hospital may benefit from an in-service on skin-to-skin, the sacred first hour and the impact of early formula introduction on breastfeeding success.

Is this child being fed anything other than breast milk? There is no system-assigned risk associated with this question; this information is collected for PedNSS data. If this question is answered no, staff are prompted to answer question number 4. This question provides breastfeeding *exclusivity* data. Note: This question is disabled for those receiving formula.

4. How old was this child when he/she was first fed something other than breast milk? (i.e., formula, water, infant cereal, etc.)

There is no system-assigned risk associated with this question; this information is collected for PedNSS data to determine the duration of breastfeeding *exclusivity*.

**5. How old was this child when he/she completely stopped breastfeeding or being fed breast milk?
Reason Breastfeeding Ended.**

There is no system-assigned risk associated with this question; this information is collected for PedNSS data to determine the *duration* of any breastfeeding.

CHILD CLIENT: Health/Medical

1. Does your child currently have any medical conditions?

The medical conditions pop up lists all 300 series Michigan risk codes. See Policy 2.13A, Nutrition Risk Criteria or Medical Conditions and Illnesses list. Relevant risk code will be assigned for any selected current and diagnosed medical conditions. Some of the conditions listed may not have specific dietary recommendations but, in all cases, good nutrition is important to overall health, growth and well-being.

Note: Please refer to the previous section called 'Nutrition Risk Criteria' for review on self-report versus self-diagnosis.

2. What, if any, prescription medications does your child take?

While there is no system-assigned risk associated with this question, it may be important to know what medications a client is taking. This is a good opportunity to document for the client's continuity of care.

3. Do any of these medications impact their nutrition (upset stomach, poor taste, affect appetite)?

This question is associated with Risk Code 357.01 +, Drug Nutrient Interaction if the client takes prescription or over-the-counter drugs or medications impacting nutrition status.

Use of some prescription or over-the-counter medications may have side effects interfering with nutrient intake or utilization and cause nutrition status to be compromised.

For a comprehensive list of food and medication interactions, staff can reference resources such as the *Physician's Desk Reference* or the most current *Food Medication Interactions* guide. Additional information on medications can also be found online at: <https://medlineplus.gov/druginformation.html>.

4. Does your child have any problems with their teeth or gums?

The CDC reports dental caries may be the most prevalent infectious disease in U.S. children. Despite its high prevalence, early childhood caries is a preventable disease. Oral health reflects and influences general health and well-being. Good oral health care and nutrition are often overlooked factors in the growth and development of the teeth and oral cavity.

This question is associated with Risk Code 381.01, Dental Problems. For children, this specific risk includes diagnoses by a physician OR adequate documentation by a CPA of nursing or baby bottle caries, tooth decay, periodontal disease, tooth loss and or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality.

Tooth decay and other dental problems may indicate poor eating and/or liquid habits (especially sweet beverages). By providing nutrition counseling, loss of teeth, permanent damage to teeth, and possible speech problems can be prevented. It's recommended the caregiver offer healthy foods/liquids, avoid excessive snacking, and help the child brush twice a day and floss. Staff can provide a referral if the client/family does not yet have a dental care provider/dental home.

5. How much, if any, screen time did your child have yesterday? [Options: None, 2 hours or less, More than 2 hours, Unknown]

There is no system-assigned risk associated with this question; this information is collected for PedNSS data. Screen time is typically sedentary time. For good health, children should get less than two hours of screen time per day and staff should encourage daily activity for children.

CHILD CLIENT: Nutrition History

1. What, if any, diagnosed food allergies does your child have?

This question is associated with Risk Code 353.01 +, Food Allergies. Food allergies are adverse health effects arising from a specific immune response after exposure to a given food. The risk applies when a major dietary modification to provide optimal nutrition is required. Encourage the client to contact their healthcare provider if serious suspicions arise.

This high risk code will require staff to offer RD services. Staff must use critical thinking skills i.e. Does this require major dietary modification? When was the last time your child had a severe reaction to the allergen? Has the child been diagnosed or is it a suspected food allergy?

Foods highly associated with allergies include:

- Cow's milk (and foods made from cow's milk).
- Eggs.
- Peanuts and Tree nuts (walnuts, almonds, cashews, hazelnuts, pecans, Brazil nuts).
- Fish and Crustacean shellfish (e.g., shrimp, crayfish, lobster, and crab).
- Wheat.
- Soy.
- Sesame.

2. Are there other foods you avoid or allergies you suspect?

There is no system-assigned risk code associated with this question. This question is used to capture any food intolerances not diagnosed by a healthcare provider and/or does not require major dietary modification.

We encourage staff to use critical thinking. Based on the client's response, determine if the food allergy or intolerance should be captured in question 3 (high risk will assign) or here (no risk will assign). Encourage the client to contact their healthcare provider if food allergy suspicions arise.

3. What, if any, special diet does your child follow? [Options: Vegetarian diet, Vegan diet, Low Carb/High Protein Diet, Low Calorie/Weight Loss Diet, Diabetic, Gluten Free, Other, None Apply]

This question is associated with Risk Code 425.06 +, Highly Restrictive Diets.

Highly restrictive diets prevent adequate intake of nutrients, interfere with growth and development, and may lead to adverse physiological effects. Well-balanced vegetarian diets with dairy products and eggs are generally associated with good health. However, strict vegan diets may be inadequate in calories, vitamin B12, vitamin D, calcium, iron, protein, and essential amino acids needed for growth and development.

If the child is on a special or restrictive diet, it may be due to picky eating, family preference, limited ability of the caregiver, or medical need. A child may be at nutrition risk if they are following a medical diet or some other special diet not recommended by a health care provider. Avoiding foods from a single food group or significantly reducing food intake overall may result in too few essential nutrients and/or calories. Given the health and nutrition risks associated with highly restrictive diets, staff can help the parent to ensure the child consumes an adequate diet to optimize health during critical periods of growth as well as for the long term.

'Vegetarian diet' and 'low carb/high protein diet' do not assign a risk code. However, they are common diets impacting what the client is consuming and may be important for continuity of care.

CHILD CLIENT: Nutrition History

4. Does your child eat any non-food items?

This question is associated with Risk Code 425.09, Routine Ingestion of Non-Food Items – Pica. Eating non-food substances is called Pica. Pica is possibly caused by lead poisoning, anemia, excess or inadequate calorie intake, stomach problems, or parasitic infection. Pica is not “normal” tasting done by small children, rather the compulsive eating or craving for non-food substances or inability to stop eating non-food substances. Pica should be referred to the health care provider for follow-up. Pica has also been seen in children with obsessive compulsive disorder, mental retardation, and sickle-cell disease.

5. What, if any, unpasteurized drinks, deli meats, or other raw, rare, or undercooked foods does your child eat? [Options: Unpasteurized juice/milk, Soft cheese, Raw/undercooked meat/fish/poultry/eggs, Raw sprouts, Hot dog/deli meats not steaming, None apply]

This question is associated with Risk Code 425.05, Consuming Potential Unsafe Foods. According to the AAP, the options listed have been implicated in food-borne illness, including in children, due to their potential to contain harmful microorganisms.

6. What type of water do you give your child? (Assess for fluoride content) [Options: Water with fluoride, Water without fluoride, Other/Unknown, None]

Risk Code 425.08, Vitamin/Mineral Supplementation, is assigned if ‘water without fluoride’ or ‘None’ is selected. Depending on a child’s specific needs and environmental circumstances, certain dietary supplements may be recommended to ensure health. Fluoride supplements may help reduce dental decay for children living in fluoride-deficient areas. This question focuses on water source as the client is more likely to know if their water is fluoridated (typically city water) or not, and fluoridated water meets a child’s needs.

7. What is your child’s vitamin D source? [Options: Vitamin D supplement, 32 oz Formula, 32 oz milk, Other adequate source, Inadequate/None]

Risk Code 425.08, Vitamin/Mineral Supplementation, is assigned if ‘Inadequate’ or ‘None’ is selected. The AAP recommends children ingesting less than 1 liter (1 quart) per day of vitamin D-fortified milk (some children may still use formula) should receive a vitamin D supplement of 400 IU/day. Since 1 quart of milk is more than the recommended 2 cups of milk per day, most children will require a vitamin D supplement. Select ‘Other adequate source’ if the child consumes a combination of foods to provide adequate vitamin D (e.g., milk and yogurt, or formula and other vitamin D fortified foods).

Drinking an excessive amount of milk could be tied to anemia. If child is drinking 32 oz or more milk in a day, staff may want to provide some nutrition counseling on adequate beverage intake.

8. How would you describe your child’s appetite? [Options: Good, Fair, Poor]

There is no system-assigned risk code associated with this question. This is to assess if the child is eating a healthy variety of foods or limiting one or more entire food groups. This question may help staff determine if the caregiver has concerns about their child’s appetite and eating. The information is helpful towards tailoring the conversation and providing relevant education after the assessment is complete.

CHILD CLIENT: Nutrition History

9. Tell me about what mealtime is like with your child.

This question helps to assess if the caregiver recognizes and responds to the child's ability to communicate feelings of hunger and satiety. It also helps assess if the child is eating a healthy variety of foods or limiting entire food group(s).

Risk Code	Answer Options	Justification
-	Child is a picky eater	After a child reaches one year of age, changes in food intake may occur. As a child's rate of growth changes, their appetite may be unpredictable. Caregivers should offer meals and snacks at regular times, and let the child decide how much to eat. If a child is energetic and growing, they are probably eating enough.
425.04	Child is forced to eat (ignore hunger cues)	Caregivers who consistently attempt to control their children's food intake may give children few opportunities to learn to control their own food intake. This could result in inadequate or excessive food intake, future problems with food regulation, and problems with growth and nutrition status.
	Child chokes often	Feeding foods inappropriate in consistency, size, or shape may result in choking.
	Child is not independently feeding (if child is able and ready)	Caregivers should support a child's need for growing independence (e.g., spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). This also applies to children being fed inappropriate textures for development.
-	Other	Selected if other concerns are shared and do not fit the above options.
-	No concerns	Selected if no concerns/risks apply.

Children may go through stages when they refuse certain foods or request a limited variety of foods. Use mealtime as a time for socialization with family. Children observe family members and mimic their attitudes toward food. Parents, as well as caregivers, should be encouraged to prepare a wide variety of foods to provide children an opportunity to learn to like them.

10. Tell me about the foods your child eats in a typical day: [Options: Fruits, Vegetables, Whole Grains, Protein, Michigan Fish, Dairy, Sweet/Salty Snacks, Fast Food/Restaurants]

There is no system-assigned risk code associated with this question. This question is designed to confirm all major food groups are included in the client's diet and assess if any major food groups are missing. This may also provide a springboard for further discussion about healthy eating habits. When 'Dairy' is selected, please document the ounces of milk per day.

Michigan Fish is included here as an opportunity to educate on consuming safe fish, if applicable to the client/family. PCBs, dioxins, and mercury are the most common chemicals found in Michigan fish. Following the 3Cs of eating safe fish (Choose, Clean, Cook) can help provide a lot of health benefits (low fat protein source, omega 3s) at very little risk. Refer to www.michigan.gov/eatsafefish for more information.

CHILD CLIENT: Nutrition History

11. Tell me about what your child likes to drink and how you serve it to them.

Risk Code	Answer Options	Justification
425.03	Child is taking bottle/cup to Bed or using bottle after 14 months	<p>The fermentation of carbohydrates on teeth produces acids that demineralize and destroy the tooth's enamel, leading to decay. If inappropriate use of bottles, cups, or pacifier persists, there is risk of toothaches, costly dental treatment, loss of primary teeth, and development lags on eating and chewing. Pediatric dentists recommend parents encourage infants to drink from a cup as they approach their first birthday and weaned from bottle by 12-14 months of age. Ongoing sippy cup use also has the potential to cause these problems.</p> <p>Excessive bottle use (letting baby carry a bottle, sleeping with a bottle) can also result in excessive liquid intake and inadequate food intake.</p>
	Adding any food (cereal or other) or juice to bottle	<p>Solid foods such as cereal should not be added to a bottle for feeding; this is a form of force feeding and does not encourage the child to eat the cereal in a more developmentally appropriate way. Using bottles containing fermentable sugars (i.e., fruit juice, soda pop, and other sweetened drinks) are linked to early childhood caries.</p>
425.01	Child drinks non-WIC authorized milk	<p>A child may be drinking a special type of milk for medical reasons or caregiver/child preference. Some milks, such as unfortified goat or sheep milk, are inappropriate as a primary milk source for children. Similarly, milk alternatives such as almond and oat also do not provide equal nutrition, and are not appropriate.</p> <p>Non-fat and reduced-fat milks are not recommended for use with children from 1 to 2 years of age because of the lower calorie density compared with whole-fat products. Infants and children under 2 using reduced fat milk may gain at a slower growth rate, lose body fat and energy reserves, and are at risk of inadequate intake of essential fatty acids. Essential fatty acids are a critical component of infant and child brain development.</p> <p>RD/RDNs must approve any special types of milk and are limited to WIC-authorized products.</p>

CHILD CLIENT: Nutrition History

Risk Code	Answer Options	Justification
-	Child drinks excessive liquids	While no risk applies, this is an important topic in child feeding. Children are often served portion sizes much larger than the recommended “serving size.” For example, a child may be provided a 16 oz portion of juice, which is 4 servings. It is important to review with caregivers the recommended serving size for their child, so they do not consume excess and unnecessary calories. Encourage caregivers to limit child’s milk intake to no more than 2-3 8 oz cups per day. Drinking more than this amount has been linked to iron deficiency/anemia and inadequate food intake.
425.02	Child drinks sugar sweetened beverages	Drinking sugar sweetened beverages (i.e., fruit juice, soda pop, sports drinks, Kool-Aid, and other sweetened drinks) regularly can be harmful to the teeth and gums. Routine consumption of sugar containing fluids, especially from a baby bottle, is a major dietary factor affecting dental caries prevalence and progression. Sugar containing fluids contain significant amounts of “empty” calories and can contribute to excess weight. Encourage offering water throughout the day.
425.07	Child takes herbal supplements/teas	Dietary supplements taken in excess of recommended dosage may be toxic or have harmful consequences. This includes consuming inappropriate amounts of a multivitamin, single vitamin or mineral, or herbal supplement/teas not prescribed by a health care provider.
-	No concerns	Selected if no concerns/risks apply.

12. How much physical activity does your child get in their day? [Options: None, 15 minutes, 30 minutes, 1 hour, more than 1 hour]

There is no system-assigned risk code associated with this question.

Physical activity is an important part of health and playtime is important for a child’s development both physically and mentally. It is often just as important to set goals around increasing physical activity levels as it is to changing eating habits. When talking to the caregiver, look for insight to their lifestyle and family activities or any barriers to activity. Encourage caregivers to play with their child.

13. Did you provide MIHP services for this client during this visit?

There is no system-assigned risk code associated with this question and will only display for C1 clients. Staff should document here if WIC and MIHP services were completed during the visit. This documentation can be seen in the MIHP Billing Report.

CHILD CLIENT: BREASTFEEDING

The following questions will continue to be asked until question #2 is answered 'No'.

1. Was this child ever breastfed or fed breast milk, even for a short period of time?

There is no system-assigned risk associated with this question; this information is collected for PedNSS data. This question provides breastfeeding *initiation* data.

2. Is this child currently breastfed or fed breast milk?

There is no system-assigned risk associated with this question; this information is collected for PedNSS data. If this question is answered no, staff are prompted to answer question number 5. This question provides breastfeeding *duration* data.

3. Was this child given any formula in the hospital?

There is no system-assigned risk associated with this question. The information will be used by breastfeeding staff to look at the relationship between introduction of formula and its impact on breastfeeding rates. It will also show staff where education and outreach efforts might be focused. For example, their local hospital may benefit from an in-service on skin-to-skin, the sacred first hour and the impact of early formula introduction on breastfeeding success.

Is this child being fed anything other than breast milk? There is no system-assigned risk associated with this question; this information is collected for PedNSS data. If this question is answered no, staff are prompted to answer question number 4. This question provides breastfeeding *exclusivity* data. Note: This question is disabled for those receiving formula.

4. How old was this child when he/she was first fed something other than breast milk? (i.e., formula, water, infant cereal, etc.)

There is no system-assigned risk associated with this question; this information is collected for PedNSS data to determine the duration of breastfeeding *exclusivity*.

**5. How old was this child when he/she completely stopped breastfeeding or being fed breast milk?
Reason Breastfeeding Ended.**

There is no system-assigned risk associated with this question; this information is collected for PedNSS data to determine the *duration* of any breastfeeding.

CHILD CLIENT: Mid-Certification

A lot can change for a child between appointments. This screen captures an abbreviated mid-certification nutrition assessment. The open-ended structure allows for a deeper dive into those areas where changes have occurred since the last appointment, including adding new or updating current risks.

1. Tell me how your child's eating habits have changed over the past few months. (Probe for Appetite, Amount, Texture, Variety, Chewing/Swallowing).

There is no system-assigned risk associated with this question.

The eating patterns of young children are influenced by their growth rate, their physical maturity and development, their personality and the eating environment created by the family. During these early years, many lifelong food habits, food preferences, and food dislikes are established.

This open-ended question is meant to explore what has changed since the last appointment, related to the child's eating habits. Use this as an opportunity to assess the child's eating patterns and/or caregiver concerns. Children may go through stages when they refuse certain foods or request a limited variety of foods. Parents, as well as caregivers, should be encouraged to prepare a wide variety of foods to provide children an opportunity to learn to like them.

The following questions will continue to be asked until the child has stopped breastfeeding or being fed breast milk.

Is this child currently breastfed or fed breast milk? There is no system-assigned risk associated with this question; this information is collected for PedNSS data. If this question is answered no, staff are prompted to answer question number 5. This question provides breastfeeding *duration* data.

How old was this child when he/she completely stopped breastfeeding or being fed breast milk?

Reason Breastfeeding Ended: There is no system-assigned risk associated with this question; this information is collected for PedNSS data. Analyzes PedNSS data that feeds into duration.

2. What questions or concerns do you have about how your child is eating or growing?

There is no system-assigned risk associated with this question. A child's rate of growth may slow after the first year of life, yet their body size continues to increase. With this comes a decrease in appetite and an increased need for vitamins and minerals. During this time, a child's fine and oral motor skills are also developing. All this combined with the child's growing desire for independence affect diet and feeding.

No two children are the same. They grow and develop at their own pace. Use these open-ended questions as an opportunity to assess the child's unique needs.

3. Tell me what has changed about your child's health (medical conditions, recent illnesses).
New Conditions?

The medical conditions pop up lists all 300 series Michigan risk codes. See Policy 2.13A, Nutrition Risk Criteria or Medical Conditions and Illnesses list. Capture any newly diagnosed medical conditions since the child's last appointment and assign any new risks.

Note: Please refer to the previous section called 'Nutrition Risk Criteria' for review on self-report versus self-diagnosis.

CHILD CLIENT: Mid-Certification

New Prescription Medications?

While there is no system-assigned risk associated with this question, it may be important to know what medications a client is taking. This is a good opportunity to document for the client's continuity of care.

If client reports a new medication is impacting their nutrition status, consider assigning Risk Code 357.01 +, Drug Nutrient Interaction. For a comprehensive list of food and medication interactions, staff can reference resources such as the *Physician's Desk Reference* or the most current *Food Medication Interactions* guide. Additional information on medications can also be found online at: <https://medlineplus.gov/druginformation.html>.

Do any of these medications impact their nutrition (upset stomach, poor taste, affect appetite)?

This question is associated with Risk Code 357.01 +, Drug Nutrient Interaction if the client takes prescription or over-the-counter drugs or medications impacting nutrition status.

Use of some prescription or over-the-counter medications may have side effects interfering with nutrient intake or utilization and cause nutrition status to be compromised.

For a comprehensive list of food and medication interactions, staff can reference resources such as the *Physician's Desk Reference* or the most current *Food Medication Interactions* guide. Additional information on medications can also be found online at: <https://medlineplus.gov/druginformation.html>.

4. Tell me about your child's activity level: (Activities your child likes, how often-what kind of activities do you and your child do together?)

There is no system-assigned risk code associated with this question.

Physical activity is an important part of health. It is just as important to set goals around increasing activity level as it is to change eating habits. Use this open-ended question to look for insight to the family's lifestyle, or barriers to activity.

5. How much, if any, screen time did your child have yesterday? [Options: None, 2 hours or less, More than 2 hours, Unknown]

There is no system-assigned risk associated with this question; this information is collected for PedNSS data. Screen time is typically sedentary time. For good health, children should get less than two hours of screen time per day. Staff should encourage daily activity for children.

6. Assessment Notes:

This is where staff document a summary of the conversation, focusing on what has changed since the child's last appointment and/or any concerns.

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